



# HOMELESS VETERANS IN WASHINGTON STATE

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Y 4. V 64/3: 103-55

Homeless Veterans in Washington Sta...

**FIELD HEARING**  
BEFORE THE  
SUBCOMMITTEE ON  
HOUSING AND MEMORIAL AFFAIRS  
OF THE  
COMMITTEE ON VETERANS' AFFAIRS  
HOUSE OF REPRESENTATIVES  
ONE HUNDRED THIRD CONGRESS  
SECOND SESSION

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JULY 9, 1994  
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Printed for the use of the Committee on Veterans' Affairs

**Serial No. 103-55**



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(III)



# HOMELESS VETERANS IN WASHINGTON STATE

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SATURDAY, JULY 9, 1994

SUBCOMMITTEE ON HOUSING AND MEMORIAL AFFAIRS,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The subcommittee met, pursuant to notice, at Clover Park High School, 11203 Gravely Lake Drive, Southwest, Tacoma, WA, at 9:15 a.m., the Honorable George E. Sangmeister, subcommittee chair, presiding.

Members Present: Representatives Sangmeister and Kreidler.

Full Committee Members Present: Representative Evans.

## OPENING STATEMENT OF CHAIRMAN SANGMEISTER

Mr. SANGMEISTER. The subcommittee will come to order. As we're going to commence here, I would ask the first panel that's going to testify to take their positions up at the table. Mr. Beau Bergeron, Mr. Anthony Tony Fair, and Mr. Brad Ensley, if you would take your seats we will proceed.

I want to welcome everyone here this morning. It's a pleasure to be here at the invitation of Congressman Kreidler. There's a tendency, when we're out on field hearings, that we always praise our colleagues to the nth degree, but I want to say with all the sincerity that having Mr. Kreidler on my subcommittee has been an experience that I have enjoyed.

He is one of the most hard-working members of the subcommittee and, as your host, is in his first term. He's done well. He's always at the subcommittee hearings. He meets with me frequently on veterans problems that he has back in the district. That's why when he spoke to me about having a field hearing concerning our homeless veterans, I was very pleased to be able to do that.

I also would like to take the opportunity to introduce Congressman Lane Evans, a colleague of mine from Illinois. Mr. Evans, of course, is Chairman of the Oversight Committee of the Veterans' Affairs Committee and has been an active member of the Speaker's Task Force on the Homeless and has worked diligently to advance the welfare of all veterans.

Lane, thanks for taking the time to come out here and be with us.

Homelessness, as you all know, is a national problem which we must continue to work to eliminate. It is troubling that so many of those who have worn the uniform and defended our freedom are among those who have no home. It would be hard for many of us to imagine ourselves living on the streets, regardless of weather,

watching other folks coming home at the end of the day. Most Americans don't have to worry where they're going to lay their heads at night.

But there are hundreds of thousands who do and the thing we need to be concerned about is at least one-third of them are veterans. Thanks to Federal efforts and private initiatives, like some of the groups that are going to testify today, many can get help.

The Committee on Veterans' Affairs has jurisdiction over the Department of Veterans Affairs. It is our job to give the VA the programs and then follow-up to make certain that it carries them out. VA assists homeless veterans through programs you're familiar with. They might be eligible for compensation for medical and psychiatric conditions which were triggered by military service, pensions which guarantee a minimum annual income or education and housing benefits.

As a result of the poverty in which they live, they usually qualify for medical services at the 171 VA hospitals across the country. The VA also conducts specialized programs to assist the homeless. These programs provide total care. Two of VA's programs, set up with Congressional support, make up the largest network of homeless assistance programs in the country.

VA has domiciliary programs for homeless veterans which now operate at 31 VA medical centers. It is designed to provide medical care and rehabilitation in a residential setting. The VA also targets homeless veterans with psychiatric difficulties with a program that operates from 58 VA medical care facilities. At each site of this program, homeless veterans receive outreach services, medical treatment, case management and rehabilitation. Medical staff at the 58 program sites make about 100,000 visits with homeless veterans annually.

During the last several Congresses, this subcommittee has held similar hearings in Los Angeles, CA and in Pittsburgh, PA. Subsequent legislation has brought together and modified existing VA programs by authorizing transitional housing for homeless veterans in the VA's compensated work therapy program.

Transitional housing is a bridge between active or inpatient therapy and full return to the community can best assist individuals in becoming full members of society. Recent legislation has also solidified the combined efforts of Federal, State and local governments to help homeless veterans by authorizing the Secretary of Veterans Affairs to provide grant programs up to 65 percent to assist in establishing new programs and to furnish outreach, rehabilitative services, vocational counseling and training and transitional housing, as well as authorized per diem payments to grantees on behalf of a homeless veteran.

The Department of Veterans Affairs is currently evaluating applications for this new grant assistance. \$5.5 million has been allocated for this program in fiscal year 1994. Of course, all of this is a good beginning, but the problem of the homeless veteran has by no means diminished. The complexity and the diversity of the problem must be approached with care and with common sense.

It is hoped that this hearing will offer suggestions on ways successful programs can be expanded, both within the government and outside the government.



Now, before we call on our first panel, Mike, do you have any opening remarks you'd like to make?

### **OPENING STATEMENT OF HON. MICHAEL KREIDLER**

Mr. KREIDLER. Thank you, Mr. Chairman. Let me begin by saying how much I appreciate the fact that you agreed to hold this hearing here in the State of Washington, and specifically in the 9th Congressional District.

Let me just, for the sake of the audience here, make mention of one other thing, following this meeting, approximately at 11:30, after hopefully about a 15-minute break from the formal hearing we'll have a Town Hall meeting where individuals may ask questions. It will be a regular Town Hall type format.

There is a place out front here at the front desk where, if you have a question, you'd like to be on the list, so that you're called upon, you can sign up out there and indicate that. That will be approximately between 11:30 and 12:30 at which time will be conducted.

I might suggest and urge that rather than dealing with personal problems relative to working with VA or other agencies and so forth, there are VA officers out there that would be able to assist you with a personal case problem. What we would hope to hear about is how we can make the system work better, where do we have problems, where you've seen problems.

Not on a personal basis, but more as a system and how we can make it work better and more effectively to serve the needs of veterans here in the State of Washington, certainly as an example of what we can do for our whole country. So a chance for individuals to offer their comments at that time.

Many in our audience may not know that you, Mr. Chairman, are stepping down from Congress after 6 distinguished years. The veterans of this country are losing one of their strongest advocates in Congress and I am personally going to miss your leadership a great deal.

I would also like to thank Chairman Evans for making the journey out here to the State of Washington. I can understand, since both of you are from Illinois, that you will appreciate the good weather that we have here in the State of Washington, where it actually cools down at night, unlike back there in the midwest where it's very hot in the day and not much cooler at night. I'm glad we could provide you with some relief from those temperatures.

Mr. SANGMEISTER. We are enjoying it.

Mr. KREIDLER. I am very much appreciative of your presence here. Chairman Evans, as Chairman of the Veterans' Oversight and Investigation Subcommittee, you have conducted a tireless campaign on such veterans issues as VA health care reform, Persian Gulf Syndrome and Agent Orange. Your vigorous efforts on behalf of our nation's veterans have helped to ensure that Congress gives them the consideration that they deserve.

It is estimated that 30 to 45 percent of our nation's homeless population are men and women who served their country. And while 98 percent of the veteran homeless population are men, the

population of homeless women veterans is growing. These are statistics that are very disturbing.

It is simply unacceptable that the men and women who risked their lives for this country are ending up on the streets and in the woods. It is disappointing that the services and support veterans do receive are apparently so ineffective in helping some adjust to civilian life.

It is especially troubling when we do not know why so many veterans wind up homeless. There appear to be multiple factors that increase a veteran's risk of homelessness, some of them related to service and some of them not at all. There is no one simple cause or explanation and that means there will be no simple solution either.

For example, one study of Vietnam era veterans suggest that problems arising after service, such as social isolation, psychological disorders and substance abuse, were related to homelessness. Combat experience had an indirect effect on some veterans, but the presence of psychological problems before service also contributed to the risk of homelessness.

I am especially concerned about the studies that show a relationship between homelessness among veterans and early childhood abuse, placement in foster care and other childhood traumas. Surprisingly, the largest segment of homeless veteran populations consist of post-Vietnam era veterans. The causal factors of homelessness in this population seem to be related to psychiatric problems predating their service or substance abuse.

All these factors make prevention and treatment of homelessness tremendously difficult. However, there are programs here in Washington that have had impressive results. While we will be hearing about a number of them today, I am particularly delighted that Mike O'Malley will be telling my colleagues about the compensated work therapy and transitional residency programs at American Lake.

As my colleagues may remember, last year we passed legislation based on a bill I introduced to expand these programs. Such programs provide the holistic treatment necessary for successful reintegration of homeless veterans.

We will be hearing first from two veterans who have been homeless and are involved in different programs. I cannot thank them enough for coming here today and sharing their stories so that we have a better understanding of the real and human issues that are involved.

Again, Mr. Chairman, let me thank you for participating and holding these hearings and, Chairman Evans, for joining us at these meetings. I'm very appreciative. Clearly, our goal here is to see what we can do to help the veterans of this State of Washington, but, more importantly, of our country.

Thank you, Mr. Chairman.

Mr. SANGMEISTER. You're welcome. Mr. Evans.

#### OPENING STATEMENT OF HON. LANE EVANS

Mr. EVANS. Mr. Chairman, thank you. I'll be rather brief. I know that all of us, no matter what service we were in, were taught that

you were never supposed to leave anyone behind. That's one of the first lessons we learned in boot camp.

But I think as you look at this homelessness problem not only here in the Seattle-Tacoma area, but across our country, you do see that we have left a lot of our fellow veterans behind. We are here to seek answers to some of the problems that we've seen. I think a lot of it lies in the testimony that we'll hear today of veterans trying to reach out to other veterans through stand-down programs, through community-based organizations that I think are going to be the real key to resolving the homelessness problems that we're facing.

We do have some good programs from the VA, the domiciliary programs, the homeless chronically mentally ill programs. Those are good, but they're not reaching the entire array of veterans that need help and I don't think they'll be helped until we reach out to them as veterans.

I'm very pleased to see the work that's going on in this area. There are some things that we can apply nationally.

I also want to join the chair in praising Mike Kreidler. He is a new member of Congress and a new member of our committee, but he stands out among his class and among other members on our committee. He has more influence and respect than his seniority would tell you at this point, one, because he went active duty during the Persian Gulf War. That was very important.

He left his position in the State legislature. It's very important to Congress to have people that served in the active armed forces during that time when we're making decisions on Persian Gulf legislation. And, secondly, he was one of the prime architects of the State health care reform. I think that puts Washington State a little bit ahead of the country in terms of dealing with the veterans of our area that need help and haven't been getting it in the last few years. He brings that kind of experience and those credentials to the Congress of the United States.

He's on two subcommittees of the Veterans' Affairs Committee and, again, while he is not yet senior, his influence and respect are.

We look forward to hearing from each and every one of you who are testifying today and then later at the open town meeting. This is the way we do business. This is how we get information about making the programs that we pass even better.

Thank you all for attending. Thank you, Mr. Chairman.

Mr. SANGMEISTER. Now it's time to hear from the people that we've come here to hear from and to get a better feeling of what's going on here as far as the homeless veterans are concerned.

Our first panel is Mr. Beau Bergeron—I hope, Beau, that I'm fairly close on the pronunciation of that name. Beau is Director of the Washington State Department of Veterans Affairs.

We have with him on that panel Mr. Anthony Fair and Mr. Brad Ensley, who are homeless veterans. Beau, why don't we start with you.

**STATEMENT OF BEAU BERGERON, DIRECTOR, WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY ANTHONY (TONY) FAIR AND BRAD ENSLEY**

Mr. BERGERON. Thank you, Mr. Chairman. Chairman Sangmeister, Chairman Evans, Congressman Kreidler, my Duestch is nix no good, also. [Speaks French.] So English legitimately is my second language, as a number of my friends in the audience realize.

I am Beau Bergeron, for the record, the State Director of the Washington State Department of Veterans Affairs. We appreciate the opportunity to share with you some of the things that we're doing here in the State of Washington and we appreciate the opportunity to share with you some of the things that we're doing here in the State of Washington.

My testimony will hopefully be brief, some of my colleagues out there don't believe it, and will focus on three themes. One, I'd like to provide some information concerning what we see as the nature and give you some of the demographics of the homeless veterans population in the State; secondly, describe for the committee a couple of things, a number of programs which we are involved in at the State level, and a number of the other ladies and gentlemen who are going to be here this morning will talk about other programs that are ongoing in the State of Washington to provide assistance.

We've got a lot of programs. We're finding that more all of us who are involved in the homeless issue get together and talk, the better we are because we don't duplicate programs, we don't waste resources that are seemingly always scarce, and we the kind of synergy that we need from that sort of cooperation.

I think the State has an enviable reputation for that and I'll say something about that. Congressman Kreidler talked a little bit about some of the demographics and let me tell you that the ones I'm going to provide here to kind of set the context for the discussion this morning are from two sources.

We've had some very detailed, very professional studies done by institutions like Pacific Lutheran University and the University of Washington, but I think as good as those statistical analyses are, what I'll also cite is the experience that we have on a day-in and day-out basis dealing with the nitty-gritty concerns of homeless veterans and, in an increasing number of cases, their families.

So let me give you a—I'm not a statistical guy, but let me give you some of the demographics. As I think the two Chairmen and Congressman Kreidler know, the national percentage of veterans in the homeless population is about 33 percent. It's about 40 percent here in the State of Washington. Ninety-seven percent of those are honorably discharged.

And something which strikes a chord with me and my distinguished colleagues from the Vet service organizations is that many of them are well decorated either for valor or for distinguished service, but as you point out correctly, Mr. Chairman, they haven't got a place to lay their head in the evening.

In fact, there are a couple of things that contribute to this. Washington is one of the States which is appreciating in terms of veterans population. Washington grew as a function of base closure. The

Everett Home Port, additional units for Fort Lewis and expansion of other facilities means that the military population has gotten larger in the State.

In fact, the State of Washington ranks first in terms of density of veterans when compared to a thousand folks, a thousand citizens in the State itself. The State is growing, I am told, at the second highest rate in terms of veterans population and a good figure to indicate that is that 21.2 percent of the folks who moved last year who reported to the U.S. Department of Veterans Affairs that they were moving were moving to the State of Washington.

So as Congressman Kreidler alluded to in his comments, they've heard that this is a good deal, that the Pacific Northwest is a wonderful place, and they're moving here. You couple that with the density of installations, military installations in the State and the impact that downsizing has had, that adds to—that contributes to the fact that 40 percent of our population is homeless as contrasted to the 33 percent nationally.

Tragically, recently we've seen a significant increase of the number of Desert Storm veterans in the homeless population. Downsizing participates in that. Ninety-eight percent of our homeless veterans in the State, as it is nationally, are male. A sizable majority of them are single, but as I've already mentioned, we're starting to see a number of veterans who have families. And as I think a large number of people here are aware, the structure itself it not real well geared to take care of families.

Our study showed that the homeless veterans in the State have a tendency to be a little older than a non-veteran and they also have a tendency to be a little better educated. Forty percent of homeless veterans in the State have some type of mental illness and slightly more than half of them have had difficulties with alcohol and substance abuse.

Those involved in direct combat and armed conflict have a very high incidence rate of post-traumatic stress disorder, PTSD. The State has the only State-funded programs which works very closely with the Federal program to provide PTSD counseling.

The other thing that we have seen recently which is of a concern to us is we see a resurgence in tuberculosis and health issues about diseases that were considered to be no longer a problem; that is, the conventional wisdom said that through inoculation or public health issues and those types of initiatives that we didn't have that kind of problem. Well, we're seeing those in increasing numbers and percentages in the homeless population.

Of a special concern to us in the State and our Governor is that 40 percent of the population, the homeless veterans population, is African-American or Hispanic. These figures are significantly higher than the percentages represented in the total State population.

So that's a very quick overview of what we see as the nature and some of the demographics of the homeless population.

Now let me talk to you a little bit about what the State is doing or at least our involvement as a veterans' advocate from the perspective of the State Department of Veterans Affairs. We do serve as an advocate. We are a coordinator and facilitator. We also run a PTSD program with 22 counseling entities statewide. We have 13

benefits and counseling offices that we operate in conjunction with Vet service organizations.

We operate two veterans' homes, who are excellent facilities. One of them just passed its Medicaid certification, the one at Port Orchard, with the highest scores accorded to any long-term care facility in the State of Washington this year, and feel pretty good about that. As the Director, I feel real good about that.

Those homes represent a full continuum of care from domiciliary assisted living and skilled nursing care that we have already utilized in a cooperative agreement with the Seattle VA Medical Center to have a post-traumatic stress disorder aftercare and in-residency program, which has been especially successful.

In just plain Cajun, Mr. Chairman, what was happening there before we started this program is a large number of veterans were going from the grate at the doorway into PTSD counseling at the Seattle VAMC and at the end of the day, went back to the grate at a doorway. And it took us about 2 or 3 years to figure out that a lot of them didn't show up the next morning. We weren't really rocket scientists. We obviously needed to provide them a secure base from which they could continue to receive those type of services.

We dedicated 15 beds at the Washington Veterans' Home at Port Orchard and that program has been ongoing now for about a year and has had just tremendous success. Eighty-seven percent of the folks who have been involved in the program are now back in the community and virtually all of them are back in meaningful employment and they feel a great deal better about themselves.

So we've got some assets that we can apply from the State perspective. We have a program called the Homeless Veterans Reintegration Project, which is galvanized from the Federal level by a grant from the U.S. Department of Labor. And the Department of Labor deserves an awful lot of kudos, both at the State and national level, for their willingness to cut to the chase and to provide assets in a stovepipe fashion to agencies at the State level who are knowledgeable and are involved and committed to that.

We have three programs along the I-5 corridor in Seattle, Tacoma and Olympia, and in 1993 alone, those programs made 1,500 contacts with homeless veterans and almost 400 job placements, for a rate of 37 percent. It cost us \$530 a placement and that's, again, the guy, my brother, from the great doorway to immediate housing, to transitional housing, and then to a job, generally speaking, in about 3 to 4 months for \$530.

When you take that figure and you compare that figure to what we spend on the delivery of human services to other parts of our population, you will see that this has just got to be the best deal around. The figure is both in terms of placement and total numbers of resources consumed for the State of Washington—I'm bragging here, forgive me—the highest in the nation and have been the highest in the nation in terms of being low for the last 7 years.

We use the cluster city approach. We pass the maximum amount of resources to the streets and we meaningfully and continually involve Vet service organizations in the State who have a real great interest in addressing this problem.

We have not up until October of last year had the ability to deal with the homeless veterans issue in rural Washington; specifically, southwest Washington, southeast Washington and eastern Washington.

Again, with a grant from DOL which gave us the capability to leverage a lot of local assets, we have started a program. You will hear from Paul Neave a little bit later on, who will describe it in detail and I don't want to steal his thunder, but we're dealing—we're now serving 12 additional counties in those areas. They've got an estimated homeless veterans population of about 5,000 veterans and we've made almost 50 placements in terms of employment since the program has begun.

We are actively involved. Congressman Evans made reference to stand-downs. A stand-down to Vietnam is my war. A stand-down to those of us who served the country in Vietnam was a good deal. It got you out of the boonies, it got you a fresh set of jungle fatigues, it got your cool beverage of choice, it got you some hot food as opposed to C-rations for a while, and I'm one of those guys who spanned those C-rations and MREs, and I still prefer C-rations, even though you had to deal with those damned little cans.

But that was a good deal. So the term carries a very, very significant, very positive psychological message. Our agency has supported about 20 stand-downs in the State of Washington on the last couple years in terms of counseling, assistance with benefits, PTSD assistance, food stuffs, blankets, funds.

And in that regard, I'd like to make reference to the fact that it's our understanding—we do a lot of work with another cabinet agency, the Department of General Affairs. We're able to get a lot of—there's a real fancy word for it, but it exceeds my intellectual capability. We get a lot of stuff from them. We get a lot of chow, get a lot of blankets, get a lot of SP packs with personal comfort items and that type thing.

That largely happens as a function of a program from the U.S. Department of Agriculture. The Charitable Institution Program provides between ten and eleven million pounds of food to the State of Washington which we use at the homes and we use to support homeless efforts.

The information I have from my real good friend and veterans' advocate, Mike Levinson, is that this program is scheduled to terminate in October. I don't know why, but I would suggest that the committee make a note of it, look into it. Our personal assessment here from the State perspective is the termination of a program like this is like double-dumb. It does an immense amount of good. That stuff gets to the right place and helps the right people and we certainly need to look at continuing it.

Homelessness is obviously, as you've all indicated in your comments, a major problem. It's a national disgrace. We see a tremendous number of homeless veterans from Vietnam and from Desert Storm. We've got to coordinate things better and I think the State has got a real good continuum and record in terms of coordinating State, Federal and local efforts.

Let me make a couple of recommendations and a couple of observations, and then I'll do something real merciful—I'll shut up.

We've got a lot of folks working on this and we need to give them—and we recently had a homeless summit where we brought all the providers together at our veterans' home and we figured out some amazing things. We figured out a number of us are working on the same stuff.

We figured out that a number of us have assets that we can apply to the equation which will help a problem that somebody else has. We need to continue to coordinate that activity and we need to reenforce that success. We need to focus resources and effort to avoid the expenditure of scarce resources in areas which do not show long-term sustainment and case management ability.

I want to tell you that I think that if we haven't got the code broken in terms of how to deliver these services, we're real close to it. There are a lot of real good programs, local, State and Federal programs that are doing this stuff, that have been doing this stuff for some time, and we need to consciously resist the temptation to resource a good idea that someone just had.

I don't think it would be stupid to say we have all the good ideas, but we've got a lot of them. We've got a lot of them that are tremendously successful and we need to reenforce that success as opposed to attempting to generate another innovative fix, if you would.

My next recommendation is we've got to stovepipe the assets. We've got to take—we all understand that we're working in a resource-constrained environment and we've been working in a resource-constrained environment for quite some time.

And I will tell you, Mr. Chairman and members of the committee, that it's just terribly frustrating when we read in national Vet organization publications and in the media that HUD has allocated a couple of million, the Fed VA has got 25 million, and a lot of other folks have a bunch of other resources allocated to them by folks like yourself who are doing the right, compassionate thing.

And I'll tell you that when that money—our perception has been when those resources go into a complex, multi-tiered bureaucracy—the anecdote I've used a couple of times is if you start with a hundred bucks inside the beltway, which is a wonderful place and you have my empathy for being there a lot of time—but if it's starts with a hundred bucks there, it's a dime when it hits the streets.

We need to send those resources directly to the folks who are doing the work, who are doing the deed, who are walking the talk. We don't need to buy any copiers, administrative support and laser printers. You can't sleep on a copier and you can't eat a laser printer.

We don't need any more of that stuff. We've got enough of that administrative stuff. We've got the programs to apply those resources and we need to put those resources directly with the folks who are involved in this on a regular and continuing basis.

I appreciate the opportunity to make these comments. As I promised earlier, I'll do something blessed—I'll shut up now so that Tony and Brad can give you their perspective from the—give you a nitty-gritty perspective in terms of what works, what doesn't work, and what we need to do.

Homelessness among veterans is certainly a national disgrace. Those of us who fought and defended this country successfully to



retain the freedoms which we all enjoy now are absolutely—we find it very difficult to believe that we can do as well as we did on the battle field or with our service, but we can't break this cycle and we can't deal more effectively than we are right now with the homeless veterans issue.

We're really appreciate of the fact that you're here and that you all show the energy and the commitment to do something about this issue. Thank you. [Applause.]

[The prepared statement of Mr. Bergeron appears on p. 49.]

Mr. SANGMEISTER. Thank you very much, Beau. We certainly appreciate your being here.

It is generally accepted that of the homeless, as you indicated, too, that about one-third across the country are veterans, but it is higher in this State. Is that because of institutions like Fort Lewis, where I presume there's a lot of discharges being made there? Why is it so much higher here in Washington?

Mr. BERGERON. Great question. As we got ready for downsizing and the soldiers and sailors and airmen coming back from Desert Storm, we started tracking things. Washington, one, is a State that's a part of base closure. It got bigger in terms of its active duty military population and bases, while a number of States, notably California and a couple other places, got smaller.

As you all know, our uniformed military services are in a process of downsizing. A couple things contribute. If, for example, you were in the Army and you were overseas, you were offered three places to leave an overseas location from to come to our process. Those were Fort Hood, Fort Bragg and Fort Lewis. Well, I've been to Hood, I've been to Bragg, and it don't take a rocket scientist to figure out that Lewis is the best deal.

So a lot of folks come here to our process from the military. Our figures show that when these great young men and women, and they are just fantastic, volunteers all, get out of the military, about 70 percent of them stay in the State. That adds to the veterans population and surely impacts the homeless population itself.

What is interesting, Mr. Chairman, is with the growth in terms of military installations in the State, we're probably at our peak level now in terms of our processing downsizing Vets. The normal turnover of people in the military, coupled with that figure that is 70 percent of them are going to stay here, because this is such a beautiful place and such a great State, we're going to maintain that level. It's not going to dip.

Just the normal folks getting out of the Air Force, the Navy and the Army here in the State are going to continue to put a large number of new downsized or veterans into the population, and that undoubtedly contributes to the issue.

I think another thing that contributes to it is that the—and these gentlemen, my brothers here, can probably talk to it a little more definitively than I, but Washington is known as a State which does a fairly decent job providing benefits and assistance to homeless veterans, and we have veterans who come here, who migrate into the State, notably along the I-5 corridor, to access those programs and benefits.

Mr. SANGMEISTER. You were making some references to the funding. As you are undoubtedly aware, and I think this is what you

were referring to and I think the people here ought to understand that, too, as far as the VA homeless programs are concerned, we increased the homeless program by 20 million in 1994, but for 1995, the Administration only asked for \$940,000 in increase, whereas in HUD's financing, which I think is what you were referring to, their level of 823 million in fiscal year 1994, they're now requesting that to go to 1.63 billion.

So although all of us here probably have a certain amount of in-born prejudice toward working with veterans, you think the homeless money, as I understand it, would be much better spent through the veterans' program than it would be through HUD. Is that what you're saying?

Mr. BERGERON. Yes, sir, partially. These guys don't really care where the money comes from and, really, I don't either. We've got a great relationship with DOL, the Federal Department of Labor. They are user-friendly, responsive. They hold us to some very tough standards in terms of the execution of the programs that we have and that's great. That just means that we're delivering a dollar service with the dollar we received.

We haven't had the same kind of success with HUD and we haven't—and we need to do some work with the Fed VA. If you take the stovepipe analogy and you put one into that stovepipe on HUD and the other on my agency, and I'm obviously going to be a little bit parochial about that, or a program which is in place in the State which is doing a good job and you send those resources straight through and you don't have it go through multiple, intervening levels of bureaucracy, as the DOL program does, then folks just write us a check. We sign a contract, we get the money, we pass the money, and it works.

The figures that I articulated have been pretty much the same for the last 7 years. That's the model we need to go to as opposed to this cumbersome, put out an RFP, 3 weeks, have a bid, have a bunch of guys get together at some national location and do a conference there and all of that, we just don't need to spend resources, precious resources on that type of thing.

I think it's pretty obvious to the folks within the beltway, and I don't mean that pejoratively, but it's pretty obvious what programs are doing a good job. We need to reenforce that success. We need to deal with programs which have demonstrated the ability to communicate and coordinate all of those assets, so we don't duplicate services and we make real good use of the limited number of resources that are going to be available.

If those come through the FED VA, that's fine; HUD's fine; DOL's fine. It doesn't really matter. It's just that it needs to go straight as opposed to the alternative.

Mr. SANGMEISTER. We need a homeless czar to pull all that together, is that what you're saying?

Mr. BERGERON. Sir, are you running?

Mr. SANGMEISTER. No, but your point is well taken. I have often felt that frustration, too, that we have all these different programs out there and no coordination. That's something that this committee certainly needs to address.

Mike, do you have any questions you'd like to ask?

Mr. KREIDLER. I'll pass, Mr. Chairman, and appreciate Mr. Bergeron's testimony.

Mr. EVANS. Just one question, Mr. Chairman. Mr. Director, the transitional assistance program is supposed to help veterans make that transition. Have you been able to assess how effective it has been for veterans being discharged in Washington State?

Mr. BERGERON. Chairman Evans, that's a really good question. I spent 24 years in the Army. Therefore, my hairline indicates that. So I've seen a number of transition assistance programs. I saw the ones, for example, that were put in place when we were downsizing after Vietnam, and they were a disaster. They were absolutely horrendous.

They represented the wanton indiscreet expenditure of massive resources for minimal good. We saw another one in the mid-70s and that one was a little bit better. It was about a C-minus when you consider the continuum of programs.

The ones that we have now, the TAP programs at all the military installations are the best that I have seen. Probably my colleagues in the Vet service organizations would concur with that. We work very, very carefully and closely with the TAP programs.

One of the things that we've done is we've got a benefit-smart guy or lady who shows up at every one of those briefings, and they are considerable because of the number of people who are being out-processed, to make them aware of their benefits.

One of the phenomena we run across is that when you're in the military, you're indestructible. Drive on. Get it done. I'm not sick. You need to keep your profile, one, right across the way.

So you've got to expose to that person coming out of the military that if there are any kind of medical difficulties whatsoever, they're eligible for service-connected disability, and that opens up a whole new array of benefits in terms of education, voc rehab and that type thing.

So the short answer to your question is the TAP programs are doing a great job. We're very, very closely tied to the TAP programs and we need to sustain that effort. The difficulty—and I don't have a solution. The difficulty with the program is the program does a real good job in terms of counseling, getting folks tied into voc rehab. We submit the claims and do all of that stuff. And on the day of departure, we get that great young man or lady to the front gate and that's it. Then they're out there.

The ability—it's kind of anti-ethical, the case management, obviously. The ability to continue to provide resources, to continue to provide assistance is not there. The DOD overlap, if you would, to continue to provide that kind of assistance doesn't occur, and that, I think, is why our homeless—the percentage of veterans in our homeless population, that's one of the reasons, is greater than we see at the national level.

But the TAP programs are doing a great job and they need to be continued.

Mr. EVANS. Thank you.

Mr. SANGMEISTER. Thank you, again, Mr. Director. Now we're going to move to a couple gentlemen who have been in the program, Mr. Fair and Mr. Ensley. We'll start with Mr. Fair. We really appreciate your being here because you can give us the insight

that I think no one else can as to what's going on in the program, what its benefit is and how we can improve it. Mr. Fair.

### STATEMENT OF ANTHONY (TONY) FAIR

Mr. FAIR. Yes, sir. Good morning. Thank you very much, Mr. Chairman. My name is Anthony Fair and I'll start out by saying that the HVRP program works, because I went through that program myself. How can I say that? As I say, I went through the program myself.

There are others that are like me who are at this time right now needing that type of assistance, one way or the other, or needing a little helping hand to get started. I'm going to start with telling you about my story that happened to me.

As for myself, firsthand experiencing homelessness and I have family problems to start off with. I was working for 4 years at St. Joseph's Hospital in Tacoma as a child development teacher. For some reason, it seemed as though I was out in the streets one night with some friends of mine, 3:00 in the morning, which didn't make no sense, and I drove by my house with this girl in the house and she wanted to go get some drugs in Tacoma.

And I just, not thinking, went right past my house. That started a problem with me and my wife, and I have a daughter 4 years old. She seen me, for some reason, waiting up for me, go right past the house with this person in my car, and that hit the fan when I got home that next day. She wouldn't talk to me, wouldn't have nothing to do with me no more because she thought I was being involved with someone else, when it wasn't really that way.

I tried to explain that to her, but that didn't work. So evidently, we split it. She went one way and I went the other way. She took my little daughter away from me and to this very day I don't know where my little daughter is at. I started associating with people out in the streets more and more, getting into—I'm looking for friendship, I guess, looking for someone to be with, and that's the wrong thing to do right there.

I started going from a job—I lost my job, I lost my house, I lost my daughter, and there was nothing else to turn to except the people out in the streets, who say they're your friends and they're not your friends. Well, as time went on, I stayed out in the streets about 4 years—no, 3 years, until I got in contact with Mr. Early Reynolds, who was the HVRP outreach worker. I was staying in a shelter in Tacoma and for some reason, automatically, your instincts, your survival instincts kick in. You learn where the shelters are. You learn where to get food at. You learn the churches.

I talked to Mr. Early and he said, hey, if you need some assistance, he will help me. He asked me if I wanted some help, come to his office. I went there the next day. He really explained to me I needed help, I needed to get off the streets. He got me in contact with the American Lake drug center over there. I went through that program. I came right back after the program, which was the wrong thing to do, I came right back and was on the hilltop area again.

A few days after that, Mr. Early seen me again and asked me what am I doing. I just told him I'm waiting for friends out here and he told me, no, that's not going to work. No. The same friends

I'm with are the same friends I was associating with before. And so he asked me, tell you what, Tony, if you really need help, I'll help you just one last time.

He asked me if I wanted to change my location, which was the best thing for me to do. He took me out of the Tacoma area and took me to the Salvation Army HVRP project in Tacoma. I started from there and I was working day labor jobs off and on. What you've got to do mainly, I guess, when you're in a situation like I was in, is try to show the people out there that you are somebody, that all I need is a little chance to get started again.

Well, he gave me that chance. So I worked with the Salvation Army, worked day labor, like I said before, and then 1 day about maybe 6 months later on, asked me if I would to get started on part-time being a counselor out there at the HVRP program.

Of course, I had the educational background in counseling. I went to Human Services and PCC. I had the educational background. Well, lo and behold, as time went by, I told him, yes, I would like to try it and I got a job right now as an HVRP outreach worker in charge of the day labor program also over in Salvation Army with HVRP over there.

That's the story to tell you, that if someone gives a veteran a chance, if the funds are there to give them a chance, that the programs now work, the ones out there now. I'm just advocating for the ones that are working right now.

That's most of my story.

[The prepared statement of Mr. Fair appears on p. 51.]

Mr. Sangmeister. Thank you. Mr. Ensley.

### STATEMENT OF BRAD ENSLEY

Mr. ENSLEY. Thank you. I'm a homeless veteran from Vancouver, WA. I was born in Spokane, WA and was adopted by my grandparents. I grew up on a farm in Sherwood, OR. I spent all my formative years there, except for a summer working on a crab boat in Alaska when I was 17. When I was 19, I dropped out of high school and joined the Navy.

After going through boot camp in San Diego, I was sent to Mayport, Florida and reported aboard U.S.S. Perry, DD844. This was in 1965. I went all over the world, Med cruises, Caribbean and North Atlantic. In 1968-69, we were detached to duty in Vietnam. My rating was boatswains mate, so my job was taking care of the small boats, ferrying men and supplies around various ports in the country.

When our tour was over, we headed back to our home port in Florida and I was discharged. When I got home, my life changed dramatically. It seemed that no one understood me. I began traveling around the country working here and there. I was drinking heavily and using drugs, but I still managed to support myself.

By 1974, I was at the end of my rope, so I went back in the service. I was stationed in Guam on the U.S.S. Proteus, the AS19, and I was still a boatswain working on boats. I was just in the Reserves, so I elected to get out after 2 years and I came home and went to work for my father on the farm and got married.

My dad went out of business and I got divorced after 2 years. I was unable to get a job working at Dammaes State Hospital as a

custodian. While I was there, I used my Blue Cross and went through Raleigh Hills Treatment Center for my alcoholism. I managed to stay sober for 4 years. And when I went to Portland Community College, my grant GI bill ran out. I didn't graduate, but I got some good schooling while it lasted.

About 1979 or so, I started drinking and using drugs heavily again. By 1981, I got my first brush with the law. I got a DUI, but didn't go to jail. They just put me on probation. Once I got in the system, I was not to get out for 12 more years. The more trouble I got into, the more I drank. It just kept getting worse and worse. I was constantly violating my probation by drinking. Once my PO violated me and put me in jail, found me in violation of my probation and put me in jail.

The judge gave me work release and I promptly took off. I was then charged with escape, too. I did that not once, but twice. Finally, in late 1983, I was sent to prison. As soon as I got out, I started my cycle of homelessness. I could not get anything going. Nobody would hire me because I always had alcohol on my breath. I was dirty and I stunk from living in shelters and on the street. My probation officer was always looking for me to put me in jail for not reporting.

My friends and family and everyone had mostly given up on me. I was to go to prison four more times. I even went to a special prison called Parole Violations Prison. Things couldn't get much worse and I kept getting in trouble.

In June of 1992, I was arrested for driving while intoxicated and driving a stolen car. I ended up doing 10 months in Washington and Multnomah Counties. When I got out, I was given a different PO and she said that I had to go to an alcohol program or else. So at that time, I was on parole and I had three probations. And I contacted the VA here in Vancouver, WA and they put me into a chemical addiction residential treatment program for 28 days.

I was given a counselor and they helped me start my recovery. I was diagnosed with Vietnam stress disorder and got special counseling for it. At the end of 28 days, I went to John Owen Recovery House for 60 days while I was waiting to get into the domiciliary. The domiciliary is a 6-month program that I needed because I was homeless and had a drinking and drug problem.

I went in the domiciliary in December of 1993. They really got me on the road to my recovery. I needed glasses, they got them for me. My teeth were rotten and abscessed. They pulled them and gave me new teeth, all the while giving me a clean and sober environment and treatment for my programs.

I then enrolled in a custodial training program for 10 weeks that the domiciliary and Clark College there in Vancouver has for 10 weeks. During the course, we trained at the Red Lion Hotel, and when I graduated, they offered me and another guy a job there. I am presently working there now.

Paul Neave with the Rural Homeless Program helped me with work clothes and work shoes to go to work. When a spot at transitional housing opened up, he gave me a check for my first month's rent. I am living and working clean and sober and paying my taxes for the first time in 13 years. I would have never got this point by

myself. I worked hard, but the VA and the State of Washington made it all happen, and I thank them. [Applause.]

[The prepared statement of Mr. Ensley appears on p. 53.]

Mr. SANGMEISTER. We thank both of you gentlemen. Mr. Ensley, I noticed your background and rather sordid life for many years and all of a sudden you said "I turned to the VA." Did you always know that the VA could be there to help you and just never turned to their services or did someone come and say finally this is what you ought to do?

I guess my question is what turned you to the VA program?

Mr. ENSLEY. Because I knew they would help me and, plus, I had been in other programs, too. Like I said, I went to Raleigh Hills Treatment Center and I was sober for 4 years. And through various times during those years, I had went to other places, but they never helped. And the reason, I think, that they didn't help is they just—I just did—I was fine while I was going to their program. When the program was over, I was just back in the street doing whatever I wanted to.

See, with this program at the VA, while you're at the domiciliary, you have an opportunity to go work in the town there and everything while you're living there and you get used to working sober and stuff like that and having sober friends and stuff.

Mr. SANGMEISTER. Obviously, both of you must know a number of other homeless veterans or just homeless people. What is their feeling about the program that exists? In the first place, do most homeless people, particularly if there a veteran, know that there is a program for them?

Is our public relations well and alive among the homeless? Do they know programs exist to help people like yourself?

Mr. ENSLEY. Yes. There's outreach, too. There's different things you can go to before you even go in. Like in Portland, there's a place, plus Vancouver, that you can go for just meetings about PTSD. It's a group thing. Anybody can show up and talk and they'll assess your needs on what you need.

A lot of people don't necessarily have to go to the domiciliary. They've got a few problems with PTSD or whatever and they can come to the VA and get counseling just for being a Vet, because you need it.

Mr. SANGMEISTER. During the time you've been in the program and as you sit here now, is there any one thing that you can think of that might be helpful in the process for homeless veterans that would improve or help the situation?

Mr. ENSLEY. I can't think of anything.

Mr. SANGMEISTER. Mr. Fair, do you have any?

Mr. ENSLEY. Keep doing more of what they're doing.

Mr. FAIR. Well, one thing I would say is that there are those veterans out there who really do not know that there are programs and places that can help them. Word needs to be put out to these veterans that this is a program that's going to help them.

A lot of guys have this thought in mind from when they first got out of the service in Vietnam that the Government may have forgot about them, the Government don't give a damn about us, excuse the expression, and they just turned and went away in the woods and that's how they live.

You've got guys that come down to our shelter that come get some food and they go right back in the woods. If we could show these people that, hey, we are here really to help you and we're going to do something and not just talk to them, do things for them and show them we've got shelters for them, we've got houses for them, we're going to put them up and treat them, then they'll start coming out of the woods and start being bona fide assets to the community.

But until that starts happening, there's nothing we can do until we do something ourselves.

Mr. SANGMEISTER. When you talk to the average person—I would say most Americans are concerned about the homeless, they really are, but there are those who feel that a great majority of the people are homeless because they really want to be homeless.

Can you address that?

Mr. FAIR. Yes. No one wants to be homeless. You find one or two persons who have gotten so used to being out there in the streets, that's all they know. If you put that person inside of a residence somewhere and give them a chance to make a better living for themselves, they will do that.

People don't understand that these people went through some type of trauma, some type of problems in their lives that put them out there. Nobody was born homeless. They was put there by some type of problem and no one addressed that problem for them.

If somebody was there in the beginning to address that problem, to help them out that one time, they wouldn't be out there.

Mr. SANGMEISTER. Mr. Kreidler?

Mr. KREIDLER. I was just curious, Mr. Fair. Since Mr. Ensley kind of detailed it, perhaps you could describe what your military background was.

Mr. FAIR. My military background is I got drafted in 1969, right out of high school. I was kind of young and didn't understand what Vietnam was about, what war was about. I thought it was fun at first, going into the military, going to boot camp and everything like that there. But I was kind of lucky. I went through my training and Fort Dix and my whole unit completely, we had orders for Nam.

I went to Oakland Army Base and got all my issue of equipment and then for some reason, there must have been some type of withdrawal at the time, and they didn't send me. They kept me in Fort Ord. But I was at an experimentation battalion where all the Vets coming from Vietnam were sent to this one unit, the experimentation battalion.

Mr. SANGMEISTER. Mr. Fair, could you speak more directly in the mike?

Mr. FAIR. Yes. It was an experimentation battalion where all the veterans were coming back from Vietnam. They were sent to this one unit. It was all experimentation, new things they was testing, and they was actually utilizing these people and myself to test new ideas to enhance the military experience or military machine, as they say.

I got out of the service about 1972, but I couldn't find a job. I couldn't really get myself together. I utilized the law at that time that said when you get out of the service, if you were in the service,



you can get your old job back. That was an interesting experience, because I went through the right people and they did give me my job back, but I was alienated from the rest of the people. They wouldn't talk to me, they wouldn't have lunch with me. I was like an outcast from the rest of the people who were at that same job location.

So feeling that way, I just went back into the service, also, and I stayed in it till 1982. I spent 11 years in the service.

Mr. KREIDLER. Both you and Mr. Ensley detailed problems with drugs and alcohol. Perhaps you might be able to relate something from your military background that may have contributed to that.

Mr. FAIR. Yes, I can. I never had touched an alcoholic beverage in my whole complete life until I came into the military service. I played all sorts of sports in school, wrestled. I was raised up in the church. And my life changed dramatically from a basic—I went home to my mother and my mother said to me you're not the same person anymore, that I was different.

I was raised not to drink, but when you're around people who you actually were in combat with or your brothers in the service, you do what your brothers do. You get to be with them, you get to be a part of them. You get to live their lives, also, and live your life. And that was my first experience in drugs and alcohol when I first went into the service.

Mr. KREIDLER. Why did it take you so long to access VA services? Is there a reason for that?

Mr. FAIR. I believe the reason why, once you're out there in the streets and you're living that type of life, it doesn't really click in your head that there are agencies besides the State agencies that are going to help you.

If you try to get to one of the State agencies, it's a long waiting time and you just say I ain't bothering with that. If it wasn't for this outreach worker coming up to me specifically and saying, hey, maybe I can help you, I probably would still be out there.

Mr. KREIDLER. Sure.

Mr. FAIR. But he took time to talk to me.

Mr. KREIDLER. Thank you very much.

Mr. FAIR. Thank you.

Mr. SANGMEISTER. I thank all three of you. It's been a very enlightening panel, particularly the two gentlemen who were willing to come here and tell us their stories. I know it was rather difficult for you to do that and it's appreciated. And, Beau, thank you very much. You have been very specific here and we will take your recommendations to heart.

Mr. BERGERON. Thank you, Mr. Chairman. [Applause.]

Mr. SANGMEISTER. The next panel will be dealing with special needs groups and transitional housing. We're going to hear from Mr. Arthur Wright from the Grunt House and Mr. Paul Neave, who is with the Homeless Veteran Reintegration Program. Gentlemen, if you would. [Applause.]

Mr. SANGMEISTER. Gentlemen, welcome to the forum. We have all of your written testimony, which will be made a part of the record, and you can proceed from there to present your testimony. We'll start with Mr. Wright.

**STATEMENTS OF ARTHUR WRIGHT, GRUNT HOUSE; AND, PAUL NEAVE, HOMELESS VETERAN REINTEGRATION PROGRAM**

**STATEMENT OF ARTHUR WRIGHT**

Mr. WRIGHT. Thank you for inviting me, Congressman Kreidler. Before I start my testimony, I would first like to thank your support for letting us use Ken Hudson concerning African-American veterans. He's been very instrumental in bringing our issues to the table.

I would like my State to know about a very dear friend of mine, Congressman Lane Evans. Before there was any talk about African-American veterans, it was Lane Evans, in an aggressive black caucus, Veterans Brain Trust, that we would go to once a year, that would assist us in bringing those issues, when other members wouldn't bring these issues to the forefront.

Before there was a Maxine Waters, Mr. Bishop, Mrs. Brown, there was always Lane Evans there. He was one of the first ones to give us our hearing committees concerning the plight of African-American veterans. Not only that, but I had the opportunity to report on the Gulf War and I called from Seattle and bugged him that would he co-sponsor, along with Congressman McDermott, the Eclipse, which is the only black veteran newspaper for us to cover the war.

He did gladly, diligently let me come to his office, gave me his staff, gave me a hug before I left, and I just Washington with me to give my friend a big handshake and thank him.

Mr. EVANS. You're welcome. [Applause.]

Mr. WRIGHT. Excuse me for my difficulty in speaking. As you know, my name is Arthur Wright. I deal with the infamous Grunt House. A Vietnam veteran, got wounded multiple times, and we're very thankful that I'm blessed to be 46 and with four kids and three grandchildren.

Someone asked me the other day did I consider myself a black veteran or a veteran, and I said, well, sometimes I'm a black veteran and then sometimes I'm a veteran. So as I try to go into my oral testimony, sometimes I'll be a black veteran and, hopefully, I'll wind up being a veteran.

I work at the Grunt House. We have had opportunities to meet African-American women who are veterans and we say that they are displaced, but they are homeless. I just returned from a meeting in St. Louis concerning a readjustment caucus for African-American veterans and there was a lady, who wanted to remain anonymous, who worked in the trauma area and she gave me part of her testimony.

And concerning the difficulties in understanding African-American veterans, I would just like to quote some of what she had written. "I am a black woman. The music of my song, some sweeter progio of tears is written in a minor key, and I can be heard humming in the night."

To develop a successful outreach program with effective outreach techniques for African-American women, it is critical to consider the culture, lifestyles and attitudes of the black community. Service providers need to know how the community defines its problems in-

stead of developing outreach plans based on the perceived notions of outsiders.

As mental health providers for black women, we must learn not to dictate, but, rather, serve the needs of the black community. There is also a need to be more culturally sensitive to your outreach person in the black community. Outreach programs that are designed for whites by whites cannot be effective to black women until such programs take into account the outlook and experience of African-American women.

The first step is to go further and dive into the pain, the depression and anger that make so many black women want to drown their sorrows and escape. Mental health professions must strive to understand that for black women, the pursuit of health and body, mind and spirit weaves in and out of every major struggle women have ever waged in their quest for social, economic and political emancipation.

We must have health care workers honestly investigate the rationale given for the ineffective outreach techniques. We must make every effort to put aside our racist, sexist attitude and with a fervor known only to sincere mental health professions.

We must refrain from withdrawing from the community where the African-American woman resides. We must learn to respect the culture of black women and acknowledge past practices on black women that continue to plague her today.

The prerequisite for effective outreach programs, one, is to accept African-American women at the level that you need. If you honestly feel that African-American women are entitled to their needs met by services provided by the Federal Government, your ability to outreach to this population will be easy.

If you feel that African-American women should be afforded the privilege to resolve dramatic issues in their lives, outreach will be easy.

In conclusion, outreach to African-Americans is the heart of any effective program that has a mandate to serve the disadvantaged, poor, down-trodden and the black women.

I think this is a basic sentiment in our community. In the State of Washington, we have 600,000 veterans. Five percent of them are African-Americans. And I'm told that we utilize 35 percent of those services in Tacoma, in Seattle. At CVAC, King County, those numbers reach up to 80 percent.

It makes sense that we begin to understand that we need a different approach to understanding how to outreach the different cultures. That brings us to the question of race. I believe before anything can be done in America, before we begin to talk about homelessness, before we begin to talk about those areas that affect our community, we first must begin to understand race. [Applause.]

Mr. WRIGHT. You see, one of the basic problems is that while we might not want to deal with race, the consequence of that is that we see people invisible. And if we see people invisible, then we're going to use numbers not knowing the impact. Even though it might be painful, even though it might be frustrating, before we deal with my community, we have to talk about race and how it affects that community, our whole society.

The next one is that's the reason why we need outreach centers in the community, in my written testimony. The basic problem is that we have programs, but they are not in our community. There are white people coming into our community with their programs and the lack of sensitivity to understand that as you see the Native Americans, they have Native Americans dealing with their veterans.

When I go into a women's program, there are women dealing with their veterans. I think we need African-American veterans dealing with our own people in our community. What this does in our community that's raged with violence and gangs and what have you, we need every possible image that we possibly can have in our community.

And what better way than to have a group of veterans, like the Grunt House, helping unite and build that community. It's a plus for veterans' services.

In the State of Washington, Congressman Lane Evans, I think we're a little bit better than Roxbury or Washington, DC. We have been talking here for 5 or 6 years and if it had not been for the support of the Regional Director, Mr. Murphy, Seattle VAMC, Mr. Manley, American Lakes, Mr. Taylor, the Seattle Readjustment Center, Dr. Johnson, Director Beau Bergeron, the Washington State Veterans' Affairs, and much thanks and gratitude goes to me with the Native American Northwest Association, that gave us support and sat down and argued and talked with us.

And from that process, we were the first regional area sponsored by VA Services to have the first Northwest African-American Veterans' Conference. We pulled the Brain Trust in and Dr. Parks and Dr. Ally. They came here and I believe—I thought it was one of the best conferences there ever was. But the good part is that we were talking about African-Americans and their families and their communities.

What else followed from that was now that the two VAMCs and a regional office, we have African-American veterans coordinators. Now, these coordinators help the hospital, the staff to understand how we deal and relate in our community, especially since we're talking about health care.

Jesse Brown says that out of 250,000 veterans, 47 percent of them are black, 51 percent uses the—excuse me—I think the hypertension, 23 percent uses PTSD clinics. We use the VA Services. African-American coordinators throughout the 175 VAMCs will add a tremendous boost. And these are volunteer positions. These are not paid positions. These are people spending their time and they can make the place where they work a better place for the African-American.

What I would like from you all, I would like a follow-up meeting with Congressman Kreidler, with Ken Hudson. I hope we can set that up and continue this. I hate to pull on Congressman Lane Evans, but so oftentimes, in the northwest, we're different. African-American veterans have different problems than the problems in New York or in Roxbury or in DC.

We're somewhat compared to the rural attitude here. I wish I could speak with you later or a staff member in terms of when we give our conference and maybe the Oversight and Investigation

Committee can come here, maybe with Mr. Bishop, one of your choosing, to work with Congressmen Witts to have the Oversight and Investigation Committee in Portland, OR, to follow-up on that.

Now I've been a black veteran, but now I want to be a veteran, if I can. In the Negro's Civil War, How American Negroes Felt and Acted During the War for the Union, by James McPherson. My dear friends, do we not understand the meaning of war? Do we know or think of that war, 61? No, we do not. Only those brave soldiers and those who had occasions to be in it can realize what it was.

I can and shall never forget that terrible war until my eyes close in death. We do not, as the black race, properly appreciate the old veterans, white or black, as we ought to. I know what they went through, especially those black men, for the Confederates had no mercy on them. I have seen the terrors of that war. I was the wife of one of those men who did not get a penny for the 18 months for their services.

I look around now and see in the comforts that our younger generation enjoy and think of the blood that was shed to make these comforts possible for them and see how little some of them appreciate the old soldiers. There are only a few of them left now. So let us all, as the ranks close, take a deeper interest in them. Let the younger generation take an interest also and remember that it was through the efforts of these veterans that they and we older ones enjoy our liberty today.

I thank you and I thank you. [Applause.]

[The prepared statement of Mr. Wright appears on p. 55.]

Mr. SANGMEISTER. We thank you, too, Mr. Wright, for a statement that certainly came from the heart. We're going to hold questions for you until after we hear from Mr. Neave. Would you pass that mike over to him?

#### STATEMENT OF PAUL NEAVE

Mr. NEAVE. Talk about a tough act to follow.

Mr. SANGMEISTER. Yes, it is.

Mr. NEAVE. I'm Paul Neave. I'm a Vietnam veteran and currently the Manager of the Rural Homeless Veterans Reintegration Project out of Vancouver. The Rural Homeless Veterans Reintegration Project is funded by a grant from the U.S. Department of Labor. It's one of six pilot programs nationwide.

The primary goal of this project is employment for homeless veterans. However, as the term reintegration implies, there is more to it than just finding jobs for homeless veterans. We have taken the term reintegration to mean a holistic approach. In other words, we try to meet as many of each veteran's needs as possible.

We focus on basic needs that will improve the veteran's ability to secure and maintain employment sufficient to becoming independent of further assistance. Housing tops the list of needs, with social and medical, dental, with alcohol and other drug treatment, as a close second.

Transportation, clothing, tools, haircuts are only a few of the many needs that come to us with each individual. Everyone has a unique set of needs. The first 4 months of this grant year was devoted to administrative organization and networking with service

providers within our 12-county, 19,970-square-mile service delivery area.

This was a time-consuming process, but it has paid good dividends in that we have contacts with providers who have local knowledge of resources and are saving our program a great deal of time and money. We focus on accessing local resources first; in other words, community resources, what's available there, and then using our resources to fill in the gaps that are always there. Therefore, our clients tend to get their needs met and find employment quickly.

We began to see a pattern of movement of homeless veterans from rural to urban areas. In talking to homeless Vets and service providers, it's become clear that they come for services that are not available in rural areas, VA Medical Centers being probably the main service.

This puts an increasing burden on cities and counties and urban areas which provide services. We feel that with the rural HVRP program, we can reduce that burden and provide services closer to home. There's also increased risk to health and safety for rural veterans when they're forced into urban areas for services.

We're providing preventative services by taking service to where the homeless veteran is more familiar with his or her surroundings. We can assist veterans to relocate when employment or services are not available in the local area and we believe this preventative approach will save many dollars to social programs.

It's our hope and intention to expand this Rural Homeless Veterans Reintegration Project to include statewide service. At this time, we have enrolled 63 veterans. We had our first job placement in February and since then have placed 37 veterans in significant employment. Of those, 20 have held jobs more than 4 weeks and ten for more than 13 weeks. These rates are considerably higher than what's been seen in the past.

We have placed 32 veterans in various forms of temporary housing. Thirteen have gone on to independent housing and these numbers give the Rural Homeless Veterans Reintegration Project a 59 percent employment placement rate at this point. About 30 percent of those employed have already moved on to independent housing. The rest are in kitchenette motel units that we provide or in various VA or private housing programs.

In thinking about expanding our program, we are also considering, of course, funding sources. And hearing about HUD having a good deal of money for homeless projects and housing being HUD's business and housing being our greatest need, I think it would be a wise use of funding to tap HUD for some of our housing needs, whether through the VA or directly to our DOL grant source or directly to our program.

We've found that kitchenette motel units tend to be cost and management effective means of providing temporary housing of 2 weeks to 2 months. We don't have deposits to deal with, property management. We have some supportive service from motel managers in that they look after our clients and keep an eye out for behaviors that may be inappropriate for our program and, most importantly, for the recovery (substance abuse recovery) of the veterans in the program.

We've learned a good deal about the needs of homeless veterans in this process, some that we are unable to fully provide at this time. We have found that most homeless veterans need major dental care. This care is not readily available in private or VA systems. For many who need dental care, it is a major barrier to employment from both a health standpoint and from appearances.

I have seen homeless veterans with as many as 14 abscessed teeth at one time. I can only imagine, having had one at a time, the incredible pain that must be to carry, an enormous drain on health, energy and self-esteem, as well. It's very difficult to go and present your best side to a prospective employer when you're in pain and suffering in that way. And the VA has very little service at this time for dental. It has to be directly service-connected or they need to be inpatient in a hospital, with the exception of a domiciliary program in Vancouver.

We have recognized the need for counseling on a long-term basis. Many homeless veterans come with alcohol and drug issues, post-traumatic stress issues. Many have never really been integrated into the work place and need assistance in learning how to access those things and to maintain the job once they get it.

We feel that providing counseling on an ongoing basis would improve the placement rate and also the retention rate of employment. As Mr. Bergeron spoke of earlier, we do have a contract counseling program already in place in the State and all we would need would be additional funding to that program and we can access those services.

In closing, I'd like to add that before you sits a reintegrated homeless veteran from a rural area. Seven-and-a-half years ago, I was homeless and had been for 3 years. Through a long and arduous process of counseling and alcohol and drug treatment, I managed to get into school and gain a Bachelor's degree in Human Services.

This is obviously the very short version of an 11-year story. The point I wish to make and to make clear is that it takes a long time to become homeless. It takes a long time of being homeless to seek help and it takes a long time for that help to work. There are no short-term fixes for the problem. We need to stay with our veterans. We can't give up on them.

Thank you. [Applause.]

[The prepared statement of Mr. Neave appears on p. 58.]

Mr. SANGMEISTER. Paul, your program is certainly an incentive throughout the country, the way it's working. I understand you're a one-man program and covering 12 counties. Is that correct?

Mr. NEAVE. In my program, yes, but I have a tremendous support system, the Washington State Department of Veterans Affairs provides all the support I need to get the program out there. We do need help. I could provide a great deal more service, but the fact that I'm able to provide as much as I have been able to alone is testimony to the need that's out there and the resources in the community to provide that service, if we can just get out there and get it to them.

Mr. SANGMEISTER. Other than funding, what is the one thing that you would suggest to the committee that we'd have to do to

help your type of program, outside of funding, which, obviously, you've made your point very clear on.

Mr. NEAVE. I suppose for the VA to try to heal the perception of being an adversarial service provider. Many veterans have had difficulties in accessing services because they feel that the VA takes an adversarial position in providing those services.

I have seen a good deal of progress in that, but I think there needs to be a good deal more. It needs to be a great deal more accessible.

Mr. SANGMEISTER. We'll make note of that. Mr. Wright, my staff has been telling me that you're presently restoring a house. Is that correct?

Mr. WRIGHT. Yes, we are.

Mr. SANGMEISTER. We're awfully interested in people who do things without Federal funds and I understand you don't have any Federal funds in this project. Can you tell us a little bit about it?

Mr. WRIGHT. Basically, the Grunt House started almost 10 years ago as an all-black Vet center. Because of the lack of sensitivity, and we're still talking about this in DC, of commissions understanding and relating to our community. From that, we found that that was a homeless issue in itself. So we began to restore one house. This is not our first house.

And so the fact—we went and asked for one secretary and a counselor and they said no. So we had to start and deal with what we had—no roof, no toilet, barely a floor, and those veterans that could nobody else work with helped rebuild this house, which was eventually sold.

So we have two houses on the hilltop and we're looking to expand. But this is more of an art project because of the lack of funding. The basic problem is that Congress does not understand the plight of the African-American veterans, nor do the programs in the State.

I like hearing about all these programs, but they don't come into our community. And what little comes into the community we can't do anything with. So when the State gives a rural veteran more money than the inner-city veteran, then we have to do it our own way. So that's how we got our credit. That's how we built our character.

Thank you.

Mr. SANGMEISTER. The VA does have authority on homes that have gone to foreclosure. They're now back under their control, and can be sold or leased out for homeless veterans to be housed in. Are you aware of that program?

Mr. WRIGHT. I understand that program. I understand that it was sort of—that it was cut down some. So I'm not aware that that is still in continuation.

Mr. SANGMEISTER. It operates differently from region to region. It depends upon how much enthusiasm there is for the program from the particular region. But you might think about that and make an inquiry. There may be something available in that program for you.

Mr. WRIGHT. Sir, please understand me. I understand the Federal process. Until Congress understands that African-Americans need something more than housing, that we need a whole change



in the VA system as it relates to understanding the black community, I don't think we can discuss any of this.

We understand grants. We understand all about those processes. But what I'm trying to address to Congress, just as a civilian, do you really understand the plight of African-American veterans. And I think once we understand that, then we can talk about programs.

When we talk about programs, they say there's no money. Now, since homelessness has become an issue, service organizations that haven't been in the black community now want to talk about their homeless benevolence. Those agencies that would deal with homelessness, now they want to deal with homelessness.

But when we were doing it, they didn't want to hear us. So I think until Congress—until Congress, not the people that work there in these departments, until Congress understands the plight of African-American veterans, I see no hope.

According to the Triangle study that I think—I think it's 23 percent of African-American veterans suffer from PTSD and that the veteran has been married three to four times and has three to four children. That affects one-third of anybody's population.

So we're talking about veterans, families and children, schools. So I think that's a job for Congress to continue.

Mr. SANGMEISTER. Do my colleagues have any questions?

Mr. KREIDLER. Thank you, Mr. Chairman. Mr. Wright, first, let me mention that Ken Hudson from my staff regrets very much that he could not be here due to a death in the family that was extremely close.

He stayed as long as he could, took a redeye back last night in order to be there at the funeral in North Carolina. But I know how much he regrets not being here, because he did a great deal of the work to help set this hearing up, and we do look forward to getting together.

One of the circumstances that you frequently hear here relative to combat veterans is that they prefer to receive services through the VA for post-traumatic treatment and so forth, through the VA system as opposed to other types of settings. I'm interested as to what kinds of problems in your outreach efforts to veterans that served in combat that you've seen and what works well and how best we can achieve those goals.

Mr. WRIGHT. Eighty percent of infantry units were African-American. Out of the 550,000 honorable discharges, 47 percent of them are black. We had basic problems even in Vietnam. The black veteran is somewhat different from his brother, his white brother or yellow brother or red brother.

We have an apprehension toward the whole system. But what's happening, even around the country, if I can speak from that perspective, and especially in northwest, there's problematic issues with even outreach to the African-American community because of that apprehension.

And so some of the programs don't receive—they receive black veterans coming in to get a token or some food stamps, but coming in and getting counseling is only when they have to. So what the VA did was good for the veterans that didn't want to go to the VA.

What Congress or the VA haven't done is to put outreach centers in our communities. And I'm not talking about more money. I don't

want to get into that discussion, all right. But I think you can divide the money up a little bit more equally to make sure that those areas where there's high concentrations of black veterans that are not getting service, that they have outreach centers.

If 35 percent of your case loads was rats, I'm quite sure you would think in terms of what can I do for these rats. We are high in numbers and it's going to take outreach, attitudes from the VA, from Congress and our communities to help resolve this issue.

Mr. KREIDLER. Thank you very much. Mr. Neave, if I might. You apparently have a successful program. I'm curious as to why you believe a program in a rural area is more successful than one in an urban, what you see as the essential differences as to why that would work better in that rural as opposed to the urban setting.

Mr. NEAVE. I think perhaps lesser numbers in concentration make it possible to find jobs in rural communities, because there aren't as many people applying for those jobs. I think we're simply finding higher functioning veterans that are becoming unemployed and homeless due to changes in timber work, for one, other kinds of labor jobs that are being eliminated in the process of automation and whatnot. I believe those are large factors.

I would like to add, that working within the Washington State Department of Veterans Affairs has given this program the power of state government, and more importantly the tremendous reputation of quality service to veterans that the Department has earned through its many programs. I must also give credit to Mr. Jim Rising, who's grant writing skills, and service delivery knowledge made this program a reality in the first place.

I don't think we're doing anything particularly different program-wise. I think it's the client population.

Mr. KREIDLER. Very good. Thank you very much.

Mr. WRIGHT. Can I add to that? What makes the difference between the rural veteran and the urban veteran, especially when you talk about race, is that the trip wire veteran is basically white. They go to the mountains. African-American trip wire veterans go deeper in the ghetto. I have men that call their apartments their bunkers and they're just as trip-wired out as a rural veteran.

So that's the difficulty. We have understood trip wire veterans, we have understood rural veterans, but we haven't quite understood the impact of that veteran suffering in the urban areas.

Mr. KREIDLER. Very good. Thank you. Thank you, Mr. Chairman.

Mr. SANGMEISTER. Do you have any questions, Lane?

Mr. EVANS. Paul, your reputation is a well received one from veterans we talked to in Yakima yesterday at the forum we had out there. So we appreciate your hard work.

Mr. NEAVE. Thank you.

Mr. EVANS. And know the good work you've done in the rural parts of the State. Art, I'd be glad to work with you to set up either a hearing or meeting of several members of the subcommittee perhaps at the conference that you hope to hold.

You are one of the founding members of the Brain Trust. The Brain Trust is the think tank for African-American veterans and we appreciate your hard work. I do want to tell you that Congresswoman Brown, Congresswoman Waters, Congressman Clyburn and Congressman Bishop have been strong members of our committee

and have been a big help to us and I think they can help us advance our cause.

Thank you both for testifying. We appreciate it very much. Thank you, Mr. Chairman. [Applause.]

Mr. SANGMEISTER. Our third panel is going to cover the subject of stand-down and work therapy. We have Mr. Mark Mascho on the Stand-down Committee, Mr. Larry Howell, Domiciliary and VA Support, and Mr. Mike O'Malley, Compensated Work Therapy from American Lake. Welcome to the hearing.

All of your written testimony has been made a part of the record here with the committee and you can proceed as you see fit. For everyone that's here in the audience, I would just say to you, sir, that maybe you ought to talk a little bit about what stand-down is all about and not presume that everybody knows what it is. Maybe you're going to do that anyway.

**STATEMENTS OF MARK MASCHO, STAND-DOWN COMMITTEE;  
LARRY HOWELL, DOMICILIARY, VA SUPPORTED; AND, MIKE  
O'MALLEY, COMPENSATED WORK THERAPY, AMERICAN  
LAKE VAMC**

**STATEMENT OF MARK MASCHO**

Mr. MASCHO. Thank you. Good morning, Congressman Sangmeister, Congressman Kreidler, and Congressman Evans. I appreciate the invitation to speak today. My name is Mark Mascho. I am the Director of the Pierce County Veterans' Bureau. I'm also one of the co-chairs of the Tacoma-Pierce County Coalition for the Homeless and the Secretary and the Pierce County Coordinator for Pacific Northwest Stand-down.

I think the best thing to say right at the beginning is that I joined the Pierce County Veterans' Bureau in 1986. The Veterans' Bureau administers what is now called the Veterans' Assistance Fund, which is commonly known in the State of Washington as the Soldiers and Sailors Emergency Relief Act. We are one of the few States in the union that are mandated by law to assist veterans in our State.

Each county administers its own fund as it sees fit. When I was hired at the Pierce County Veterans' Bureau in 1986, we very seldom had any clients that were employed. Now, however, 30 percent of the people who qualify for assistance at our agency have jobs and they have to make a decision, do I feed my family or do I pay my rent? That's why they come into our office.

This is one of the things that we really need to look at when we deal with the homeless population. We have a lot of people that are right on that verge of homelessness and if things get too much worse, the homeless population in this country is going to explode.

One thing we are doing locally is a stand-down event. Pacific Northwest Stand-down was incorporated just a couple of years ago. We held a 1-day event in Tacoma 2 years ago and a 3-day event in Auburn last year and we will hold another one this year.

Many others have already testified about the different aspects of homelessness. While talking to the homeless veterans at last year's event, we discussed PTSD. Many people who are homeless have PTSD symptoms. In fact, psychologists are now saying that PTSD

itself results from being homeless. Many, including women and children are suffering from PTSD syndrome because of the trauma involved with homelessness.

In stand-down we try to provide a non-traditional environment for services. Many of the veterans have an inherent distrust of the bureaucracy because it has turned them away at every opportunity. Every time they ask for services, they fall between the cracks.

Pierce County, King County, and now Snohomish County and Thurston County are actively involved, Kitsap County is getting involved. The whole western Washington area is now beginning to become part of the stand-down event.

As Beau mentioned earlier, stand-down is a term that came back from the Vietnam war. When people were on stand-down, they went back out of the combat situation, into a situation that provided them with an environment that was restful, that was non-threatening and safe.

Again, that combat situation is not unlike what a lot of homeless people feel on the streets. Stand-down is a 3-day event that will provide those survival needs for the veteran. We provide shelter, we provide food and clothing; and we promote calmness, relaxation and safety. This does require a facility that has controlled access, because no drugs, no alcohol and no weapons of any kind are allowed on the facility during the stand-down event.

Once these basic needs are met and the veteran feels comfortable, they are more likely to be open and receptive to services and get back into independent living and they receive information and assistance. Agencies included in the stand-down are Federal, State and local ones. Also, we would not have a stand-down if it were not for the support of the armed services.

The Army, Navy, Air Force, Marine Corps, and the National Guard have all been tremendous helps in helping us support our fellow veterans, because they're all going to be veterans one of these days and I can't say enough for the support that we've gotten from them.

The VA has given us additional support. Both the Regional Office and the medical centers at American Lake and Seattle have been of great benefit. Social Security and the Internal Revenue Service also helped. A lot of State agencies, including the Washington State Department of Employment Services and obviously Beau's organization, the Washington State Department of Veterans Affairs were invaluable. Without them, we couldn't exist.

I think a couple examples would best let you know what stand-down does. Two things that happened at last year's event. First, we had a gentleman who worked for the VA Regional Office and a lady who worked for Social Security who said that they had talked to each other at least three times a week for 16 years and had never met at stand-down. They were assigned to the same tent and finally got a chance to meet.

We were talking about coordinating services and this is what we need to do. You need to know those people you're talking to so you can get things on a little more personal level.

Secondly, one of the veterans, when he left, said it was the first time in 5 years he could hear crickets, because he had been in the inner-city and we were out in the country as the stand-down event

was held at the Auburn Game Farm Wilderness Park. For those of you who are not familiar, the park is located on the Stuck (White) River. In the winter, it's a river. In the summer, it's kind of a creek. You can walk across it. But it's a real nice setting. We have tents out there and it's a beautiful little place. It's naturally divided into three sections. So it makes access and control very simple for us and it makes the event very easy for us to administer.

Homeless veterans, their services and children can contact several services and for many of them, stand-down is the first positive experience they've had with the bureaucracy for a long time. Providers who participate in the stand-down have all told us that it's been a very positive experience for them as they provide information on programs that they have. Information that most of the veterans know about. All homeless people know where to get assistance. That's one of the things you learn when you become homeless.

Stand-down's purpose is to put all this in one area where a veteran can be there for a few days, be rested, relax and not have to worry about survival needs.

So while stand-down will not end homelessness, it's a beginning. And while it does not solve all the problems, it does provide solutions.

I thank you very much. [Applause.]

[The prepared statement of Mr. Mascho appears on p. 60.]

Mr. SANGMEISTER. Mr. Howell.

#### STATEMENT OF LARRY HOWELL

Mr. HOWELL. Good morning, Mr. Chairman, Congressman Kreidler and Congressman Evans. Thanks for the invitation to speak here today. I'm going to vary from my written testimony and say a few things that I think are really important, emphasize a few things that were in my written testimony.

First of all, I gave you just a brief definition in the written testimony about what supportive housing means. It's very important that we all understand this means case management. In other words, there needs to be an individual that is assigned to these veterans while they work through their programming.

For example, that starts in the domiciliary in Vancouver, and I am the Director of that program we started in 1988. We have 60 beds now and we actively outreach as far north as Longview, as far south as Salem and out into the Gorge. In fact, we actually will go anywhere we're needed. I have spoken with Arthur Wright this past Thursday about doing specific outreach in Portland, OR for black Americans and we'll work together on that.

We already do outreach twice a week. But the content of the program begins usually with an alcohol/drug treatment, which probably 80 to 90 percent of our veterans need this kind of treatment initially. That's 28 days as an inpatient. We have, thanks to some new funding in 1990, 20 new beds where we could place substance abusers immediately on completion of the alcohol/drug program.

Unfortunately, as you've heard and know, continue to increase. We do not have enough space. That precipitates a waiting list sometimes as long as 6 weeks or longer. But once the veteran gets into the domiciliary program, then it's usually a 6-month

or longer program, depending upon their needs. It may take longer because of our transitional housing waiting list or else to receive a pension or, if they're employed, obtaining enough funds to move out on their own.

We began to realize that once the program began in 1988, and within a very short period of time, the staff and myself realized very quickly that transitional housing was an absolute essential component of where we were heading. It was impossible to expect someone who had been homeless for a year or two or three to achieve a complete return to society in 7 or 8 months of care. There needs to be supported care for the long run.

We began to try to develop housing in our community with our veterans' organizations and although they were very cooperative, they did not have the funding. Mr. Ray Seranto is here today from the Washington State Employment Service, who has been my mentor in the community and certainly has been a leader in many agencies, and we work together very closely.

What we determined was we were going to have to depend upon our community to find a way to get some housing together. I came from the private sector in 1986 back into the VA after previously being a VA employee. So I came with the mind set of a sense of community. Without community—and when I say community, for me, it means Portland and Vancouver. Without working together, we were not going to be able to accomplish our goals in trying to support veterans getting back in society.

So one of the ways that I saw that I could do that, along with the staff, was to, in fact, get involved in the community and volunteer to be a part of the community efforts involving homeless or other health care needs. Admittedly, that takes a lot of time, but my colleague and I were just speaking earlier today, neither one of us sees our roles as sitting behind a desk in an office at the VA. In fact, I'm gone so much now that I have a cellular telephone and a pager, and I sort of resent that intrusion on my private time, but because I'm gone so much out developing programs in the community, it's understood that that's the way it is. And I'm blessed that I work in a medical center who sees that and supports that for me.

So by being involved, then an opportunity came to develop transitional housing with the local housing authority in Vancouver, using HUD Section 8 certificates. I'm thrilled to hear that HUD may get \$1.3 million for housing vouchers I learned from a meeting here yesterday and John Eppler from the Seattle office, and I think it's exciting. We already have been able to access those Section 8 certificates through our community and currently have six and we're allowed to put one on each home and use what's called the shared housing concept, which became sort of a buzz word for HUD and the VA, at least for me, in early 1990, I guess. So it's a great concept and it's a perfect way to do it.

After all, veterans are citizens of this community or any other community. And if our goal is to reintegrate veterans back into their world, and I hear Vietnam veterans saying back into the world, so that's what we are, it's necessary to, in fact, involve the community in that concept and place the veterans back into that kind of transitional housing where they can work on and develop the skills and continue to develop the skills that they've learned at

the VA or the treatment programs, be able to work those kind of goals and skills and develop them into long-term social relationships, ways to save money, to pay off some bills, etcetera.

In our housing program, for example, they're allowed to stay 18 to 24 months. So by the time they complete the VA care and the transitional housing, community-sponsored program, they've got roughly 38 months. Paul referenced earlier that it takes a long time to become homeless, it takes a long time to come back. I'm very proud of the fact that Mr. Ensley, who testified earlier, is a graduate of the domiciliary program in Vancouver. He also is a graduate of our training program in conjunction with the local community, which is another very exciting piece.

We are the only program of its kind in the State of Washington that has a certificate from Clark College in the Applied Technology Programs. So the veterans actually get a graduation certificate. It's set up on their guidelines with the Clark College.

It allows the veterans to try to get some employment and certainly the Red Lion Inn is one of the classic examples of an organization that offers upward mobility, just like the VA does.

I think that I'm prejudiced, I'm sure, when I say that I think that in the Northwest and particularly Washington State, we do an outstanding job of caring for homeless; not only for veterans, but I work in the community, as I mentioned earlier, I am on the board of several agencies and we're very excited about the opportunity to apply for the new per diem program.

Specifically, I'm on the Board of Directors of a facility called Share House, which caters to single, homeless men only. Their population is over 50 percent veterans that come there each day. In the Vancouver-Portland area, the population of homeless is roughly 3,000. They turn away some 60 to 80 veterans or people each day and they do not have a place to stay.

This is only 35 beds. So it's a Godsend that this facility, Share House, will have an opportunity to apply for the VA homeless grant. I had heard about it when I was at the summit in Washington, DC in February and am very, very excited about it.

So I'm grateful for whatever role you may have had in that and I also am very grateful for the fact that the committee, I know, had a direct role in developing the legislation for the new domiciliaries in 1987. There were ten of those. We are very fortunate to have two of those new ones in the Northwest, actually one right here in Tacoma and then—I consider myself a part of Washington, although the Portland Medical Center is my ultimate authority.

There are really four domiciliary programs total on the west coast. So that's a small number for a very large population.

I mentioned earlier that our waiting list is lengthy. Our outreach coordinator in the audience today, Mr. Hoover. He is one person doing outreach. If we had five, the list would be—it's roughly 40 today, the list would probably be 200. So there's never a lack of veterans. Our goal is to keep our beds full and when I left Vancouver yesterday morning, they were full.

I wanted to also just touch on public relations and there's been—someone has alluded to that already. I believe that our role is to get out and teach the community and tell the community about what we can offer. Paul has talked about the development of re-

sources. I'm proud of the fact that we have offered and Paul, in fact, he occupies space in the domiciliary. It was a joint venture that I worked at with Jim Rising, who is from the Washington State Department of Veterans Affairs, who wrote the original grant.

I saw that as a necessary part of what we do. Jim had an interesting concept to look at the Rural Homeless Veterans Reintegration Project from another perspective to start in the urban area and go backwards, and certainly that's the way it works. Paul is on the road a lot obviously into eastern Washington, but knowing that he has a space in our building allows us to refer a lot of veterans to him. Also, we have the resources available, not only in the VA, but also in Portland-Vancouver for just about every possible need that can happen.

These things wouldn't have happened if I had not been allowed the opportunity to, in fact, participate in the community, meet people, to get out and be a part of committees up and down the coast. I travel a lot. I go to Seattle once a month for a meeting. That's where I was yesterday. Just tell the story. And the fun part about meetings is they most always begin the same way—please introduce yourself and tell us what you do, and I never miss the chance to say what I do and tell them that I proudly serve veterans and I'm grateful for that opportunity to do that.

The only thing I would ask for, and I'm not complaining, please do not take it that way, I'm thrilled and grateful for the resources that we have. We are making an impact. Brad is an classic example of that. He does live in our transitional housing program. All I'm saying to you is we need more. With the kind of population we have, we always will need more.

Thank you very much for your time. [Applause.]

[The prepared statement of Mr. Howell appears on p. 62.]

Mr. SANGMEISTER. Thank you, Mr. Howell. Mr. O'Malley, it's good to see you again from yesterday. You may proceed.

#### STATEMENT OF MIKE O'MALLEY

Mr. O'MALLEY. Thank you, Congressman. Before I start my testimony, I'd just like to make a couple of personal comments.

Mr. SANGMEISTER. Go right ahead.

Mr. O'MALLEY. One is that I come to you with a background of 15 years in the practice of rehabilitation counseling. Rehabilitation counseling has a limited reputation among the disciplines and community providers. One of the things that rehabilitation counselors do is broker services and also provide counseling services.

The main problems that homeless veterans have to deal with are the lack of skills and the lack of resources that they have with whatever disability that they have. So in my formal testimony, I want to talk to you a bit about what we've done to address some of the skill deficits and resource deficits that the homeless veterans have that we serve.

I'll be speaking to you about the continuum of care provided to homeless veterans by the VA's Compensated Work Therapy and Therapeutic Residence Program. Our CWT program currently provides work for over 60 veterans and transitional housing for 45 homeless veterans in ten houses around the Tacoma area.



The primary focus of our CWTTR program is on homeless veterans who have substance abuse disorders. It has been strongly supported over the past 4 years by VA substance abuse expansion resources and it functions as an integral component of the continuum of care for veterans with substance abuse problems here at American Lake Medical Center.

National data collected by the VA's northeast program evaluation center and taken from domiciliary care for homeless veterans and health care for homeless veterans programs indicates that over 80 percent of the homeless veterans evaluated by these programs had substance abuse disorders.

I might deviate from the testimony to say that in 15 years of clinical practice, the main thing that I see as a problem for homeless veterans is substance abuse, primary substance abuse disorders. It, frankly, from a personal level, is difficult to understand why that doesn't get more publicity in how homeless issues are addressed.

The VA's compensated work therapy program is a rehabilitation program that prepares disabled and homeless veterans to return to private sector employment through a program of work and therapy. Compensated work therapy provides work to these homeless veterans by contracting with private businesses and governments to perform work.

The veterans in the CWT program are paid from the proceeds collected from these businesses. Therapeutic residences are homes in regular neighborhoods. Veterans pay rent from their CWT compensation to cover the operating cost of the houses. Homeless veterans are required to work in a CWT position while living in the therapeutic residence. They buy their own food and cover other expenses from their CWT pay.

This is a uniquely cost-effective program because the homeless veterans work in CWT and pay rent to support themselves and their houses. The fact that this program allows homeless veterans to work and support themselves while undergoing rehabilitation is not only cost-effective, it is very therapeutic.

Homeless veterans regain their self-esteem when they know they are working and supporting themselves rather than being totally dependent. Veterans tell us they feel successful because they're earning their keep and because they're learning how to work and be sober in a realistic community setting.

The length of stay is dependent on an individual rehabilitation plan, which is directed towards obtaining permanent employment, permanent housing and staying free of alcohol and drugs. Generally, the stay is a minimum of 6 months. Our average length of stay currently in Tacoma is about 7 months.

Veterans in the therapeutic residence program are required to participate in relapse prevention groups and to attend outside support groups, such as Alcoholics Anonymous. Success in the American Lake VA Medical Center's compensated work therapy and therapeutic residence program is measured by continuous sobriety and gainful employment at discharge, 90 days and 1-year follow-up.

We are demonstrating that 64 percent of the homeless veterans completing our CWTTR program are staying employed, housed and

are alcohol and drug-free for at least 1 year after the program. Nationally, the evaluators at NEPEC Northeast Program Evaluation Center at Westhaven, find that veterans who are treated in CWTTR programs are substantially improved on all outcome measures.

Those of us involved in the treatment of chronic substance abuse and homelessness are encouraged by the success rate of sobriety and employment as a result of compensated work therapy and therapeutic residence.

We believe that simply providing transitional housing and access to jobs will not break the cycle of homelessness. The veterans we treat can get jobs. They have difficulty keeping jobs and generally report back to hospitals for acute medical admissions following relapse or psychological problems after they lose a job.

The key is to provide access to acute treatment and rehabilitation, followed by a community-based environment where veterans can practice recovery skills. The compensated work therapy and therapeutic residence program provides this environment.

I have given you some manuals there that were developed by Dr. Rosenheck and his people at NEPEC, which outline the 2-year demonstration program. I would welcome your questions and thank you for the opportunity to speak with you. [Applause.]

[The prepared statement of Mr. O'Malley appears on p. 64.]

Mr. SANGMEISTER. Thank you, Mike. Because we are running a little short on time, we still have a few questions that we'd like to ask, starting with you, Mike. You did give us some statistics and I was trying to catch them all, but I'm not sure that I did.

How long are the waiting lists for the eight CMI programs, substance abuse, PTSD and the others? How long of a waiting list do you have for those?

Mr. O'MALLEY. I can speak specifically to the therapeutic residence program and CWT.

Mr. SANGMEISTER. Yes.

Mr. O'MALLEY. And, generally, to other programs at American Lake. We find that in the CWTTR program that we can generally get people in on a fairly quick basis. Right now we only have two people on the waiting list and they're going to be admitted next week. But that tends to go with seasons, as well, since, again, the primary problem of homeless is, in my view, substance abuse. There are long waiting lists for acute treatment programs and the difficulty comes in whether there's admission to an acute program.

Also, we tend to have longer waiting lists in the winter because it's colder and more difficult for people to survive on the streets in the wintertime. But I think that what we do is we try to provide a network of environments.

And the key thing that I'd like to stress is the continuum of care offered by the joint efforts of community, State, local and VA providers, as Larry talked about. If it weren't for the ability in recent years to be able to go out and network with other providers through the efforts of operations like stand-down and of the local medical center director ability to let us go and do that, we'd have a much more difficult effort.

We have excellent relationships here locally with non-profit organizations and medical centers in the State to try to keep the waiting lists down to a minimum.

Mr. SANGMEISTER. How is your follow-up on substance abuse?

Mr. O'MALLEY. The follow-up for the therapeutic residence program is based on interviews at discharge and 3 months and at 1 year for the therapeutic residence program. What we try to do is follow a clinical program of relapse prevention, which teaches the skills of recovery while people are in the therapeutic residence program.

Again, as I mentioned earlier, rehabilitation is about taking away skill deficits and resource deficits and rehabilitation planning provides a framework where the veteran commits within a month of time to what it is that they want to do. And that, in this area, might be as simple as I want to work in Tacoma, living in an apartment that costs me 350 a month, working at ABC Grocery Warehouse, earning 8.50 an hour.

That's what an overall rehabilitation goal is. So, therefore, every intervention is designed to alleviate whatever skill deficit or resource deficit is preventing the attainment of that rehabilitation goal.

Now, that takes a couple of things to have happen. One is that there has to be motivation. There has to be the veteran, the homeless veteran stating I don't want to be homeless anymore. I want to be clean and sober and gainful employment is what I want to do.

Lots of people try to access services and don't have those main goals as their goals. So it becomes difficult. Once we have that established that that's what they really want to do, then it becomes a fairly simple matter of teaching the skills and helping people to get the resources, which is where the CWT program comes in, because that affords people a job to earn money, to save money, to develop a savings program that's monitored, to be able to get the resources they need to go out and get an apartment and live independently when they're through.

Mr. SANGMEISTER. Thank you. Larry, how long is the waiting list for the domiciliary program?

Mr. HOWELL. Jim is here today and it's probably close to 40 and usually 6 weeks. We're full as of Wednesday morning. We don't anticipate people being gone Monday, but weekends can be very difficult for some folks. It has stretched to be a lot longer.

I can answer part of your question about substance abuse, too. That's roughly the same period of time, 2 to 6 weeks, at least in our facility in Portland, and the PTSD inpatient program, that's in Portland, also, is 3 months waiting list. They admit once every 3 months. It's a small program, there's 15 beds.

Mr. SANGMEISTER. What about my colleagues, do you have any questions? Lane?

Mr. EVANS. Thank you, Mr. Chairman. Mark, I just went through a markup of the Armed Services Committee legislation since I am a member of the Armed Services Committee, as well as the Veterans' Affairs Committee. We, in report language, directed the Department of Defense to, wherever it's feasible, to provide resources for stand-downs. Unfortunately, the language was strongly

resisted by most of the Armed Forces at the top level in Washington and I would like to be able to go back with some ammo when I go back next time, telling them what you are doing in Washington State as far as the active duty and the reserve units.

Could you elaborate what they've provided to you?

Mr. MASCHO. Yes, sir. The Washington National Guard is our source for the tents. They are providing us 35 GP medium tents. Last year, we held our event later in the year. This year, we'll have it in July. There was one problem we did not think about when we did this; some of the things we got last year we can't get this year because Fort Lewis is the ROTC training center for the entire west of the Mississippi, I believe.

And a lot of the things that we were able to get last year are committed to ROTC training until it ends in August. So next year, we're thinking about maybe moving our schedule back so we're not in conflict again.

The Air Force Reserve has committed to give us a shower unit that has 18 shower bays in it. The facility itself is at the Game Farm Park Wilderness Park. It's exactly that. There's one toilet on the whole place. So we have to bring everything in. It was purposely chosen because of the environment there.

But I would say that the biggest part is that between the active duty military and the members of veterans' organizations probably constitute 95 percent of our volunteers. And without our volunteers, the stand-down couldn't go anywhere.

Mr. EVANS. Thank you. Thank you, Mr. Chairman.

Mr. SANGMEISTER. Do you have any questions, Mike?

Mr. KREIDLER. Yes, Mr. Chairman. I'd like to ask Mr. Mascho a question, but let me first just say to Mr. O'Malley that I want to thank you for all of your help in working with me and my staff to see that we were able to secure a bill that has now become encompassed in larger legislation that addresses compensated work therapy and therapeutic residency programs, for an expansion of these for the whole country. It reflects the good work that you've been doing here locally.

I'm happy to report right now that that legislation, which has passed the House of Representatives and is in the Senate, has a very high probability now of being successful in the Senate. So that we'll see it enacted and we'll have something out there that can expand the good work that you've been working on so far. So I'm very appreciative for all of your assistance.

Mr. Mascho, one of the issues that comes up that all three of you have mentioned is certainly that substance abuse among the homeless is a very substantial problem. Do you have any reasons as to why this is such a major part of the homelessness issue, from your own personal experience?

Mr. MASCHO. There have been a lot of reasons. Personally, I believe a lot of it would be caused by frustration. It starts when you begin the cycle. As was said earlier, it takes a while to become a homeless person, it takes a while to get to no longer have that mind set.

When you hit barrier after barrier, you get frustrated and you're looking for escape. You're looking for ways to find a solution to

your problem. And while drugs and alcohol certainly aren't solutions, they are perceived to relieve the pain a little.

Again, I've never been homeless. So I do the best I can when I talk to the homeless people and I can empathize with them, but if you've never been there, you can't live it. You have to have lived it to really experience. At least that's what most of them have told me.

Mr. KREIDLER. Thank you. Mr. Howell, I'm curious just to any differences you might see between a population here in the northwest of the homeless veterans and perhaps what you're aware of as to what may be happening nationally. Are there differences in our northwest population as opposed to the national situation?

Mr. HOWELL. I'm not aware of any specific differences, other than socioeconomic, I suppose, and geographical. It's certainly a lot different being homeless in New York City than it is in Portland, OR.

A lot of our veterans have lived out in the mountains. We've had a number of people come straight out of the mountains. Other than that, I can't see any difference, except I think it's a better place to live and that's probably one of them.

We have a lot of veterans show up out here, I think, and it was alluded to earlier by Beau, that this was the last place that they were before they went off to Vietnam, in particular, and it seems to hold maybe the last hope for them, for those that have been homeless.

So that might be some of the explanation. It seems that we have a proportionately higher number of people that are veterans that are homeless, that are showing up in our area. Of course, Seattle is huge as compared to where we are in Portland. But I think that would be part of it. But other than that, I'm not aware of any specific differences. The needs are the same. You have a very high percentage of folks with substance abuse, substance abuse for the reasons that Mark spoke of, but also many times they come from families that were abusive and/or were alcoholics.

They also learned, if they didn't know, how to drink when they went to Vietnam. I'm told that when you're out in the field, when you came back, your beer ration was on your bunk. I was a part of the military myself in the Air Force and happy hour was always a big thing. Thankfully, that attitude has changed and it doesn't exist anymore. But the situation is I think many of the people may have not been drinkers or drug abusers, but because of, the situation became that way.

And it does take away the pain. When you're homeless, you just need to survive. You need to find a safe place to be at night. You need to find some food. And alcohol and/or drugs will take away the pain of where you are. That's really all you're worried about at that point.

And once somebody accesses one resource, then it opens up a huge door. It hasn't always been safe or popular to go to the hospital, to the VA hospital. First of all, VA hospitals have been known as places where people go that are very ill or die. So the average person does not see that. Those of us that are medical folks or in health care, and I'm a nurse by training, know that that's not true, that it's a place to get a lot of resources.

So that's what has been wonderful about the dom programs, particularly because we're located in the extended care division away from the medical center, but yet in an urban area. It becomes a safe place for a veteran to come and ask for help. We do outreach in Portland weekly and in Vancouver weekly. We will do outreach wherever we need it.

But there needs to be some sort of safe place and I'm grateful that we're not at the medical center, because I don't think we would do as well. Fortunately, the attitude is changing. More and more people are seeing and veterans themselves who have been homeless and are going out and telling other veterans it's okay to come in. Brad spoke very eloquently about that this morning.

He is a spokesperson for us. He has, in fact, gotten employment for fellow veterans out of the domiciliary at his place of employment. So what better thing can we do than to treat veterans, help them? And I agree with Mike O'Malley that motivation is the big factor. That's the ingredient that's necessary really for all of this process to begin and to be maintained.

We can try to instill that in people, but sometimes you can't. But you do the best you can.

Mr. KREIDLER. Thank you, Mr. Chairman.

Mr. SANGMEISTER. Thank you, gentlemen, very much. [Applause.]

No hearing, of course, would be complete without hearing from our veterans' service organizations. We have Mr. Brownie Braunsteiner from the VFW, Mr. Bob Westphal from The American Legion, and Mr. David Mann from the Vietnam Veterans of America. Gentlemen, welcome. We can start with Mr. Mann and go from left to right. Welcome.

#### **STATEMENTS OF DAVID COYOTEE MANN, VIETNAM VETERANS OF AMERICA; BOB WESTPHAL, THE AMERICAN LEGION; AND, BROWNIE BRAUNSTEINER, VETERANS OF FOREIGN WARS**

##### **STATEMENT OF DAVID COYOTEE MANN**

Mr. MANN. Thank you, Mr. Chairman. My name is David Mann. I'm the President, Washington State Council of Vietnam Veterans of America. I'd like to give a report on the homeless in the rural communities.

Mr. Chairman, the concern of the homeless veterans in the rural communities of Washington State has long been overlooked. The lack of employment, inadequate housing or no housing, drug and alcohol abuse, effects of war trauma, lack of family or group support all have a great effect on the homeless veteran, but more than anything else, it is the lack of comprehensive services which will end this cycle.

Each of us has our own definition of homeless. We who reside in the rural communities believe that any individual who does not have their own shelter is homeless. Those that stay with other family members of friends are homeless. The paramount issue, of course, is the inability to obtain gainful employment that will provide enough funds to maintain a household.

The lack of available training or education for a particular job can be overcome by locational rehabilitation. Training a veteran for employment that is consistent with the jobs available to his or her

area is a very important concept. Very few of the rural veterans could and would even consider relocating to another area. In the American Indian community, family ties are very important. Breaking those ties is very difficult.

Retraining the American Indian veteran for jobs that are suitable to his or her area should be consistent with tradition and practice within the American Indian community. When we address the needs for programs, we must discuss the effects of war trauma for those combat veterans. More trauma can cause a veteran to become disillusioned and, in many cases, the individual reverts to drug and alcohol abuse.

This continued problem is partly due to the lack of successful treatment programs for a dual disorder, specifically targeted at the American Indian with the availability of follow-up treatment. The treatment program in current use has been to treat the veteran and then return him or her to the same environment that they had just left. We must look at successful treatment programs to include transitional housing, domiciliaries or adequate housing in the community which is available upon the veteran's return from an inpatient treatment facility.

This, in turn, will help assure that the veterans have a chance for returning to society as an asset to themselves and to their community. In programs, we must also discuss the treatment of veterans' families or concerned persons, as this is also has also long been ignored in programs to address homeless needs. We must treat the families and concerned persons who will certainly affect the veteran's successful rehabilitation.

Families, offspring or other concerned persons are not a high priority issue within our existing system. We in the American Indian community believe that for the veteran to be a success, the families cannot and should not be overlooked in the treatment and rehabilitation process. Those of us who are providers must remember at all times that trans-generational effects of war are a major concern which must be addressed by culturally-sensitive effective treatment.

For the homeless, PTSD, drug, alcohol and emergency treatment within our catchment area is little or non-existent. Veterans must have access to emergency treatment and follow-up service. Once a veteran desires treatment, we should make that treatment readily available.

Detox should also be available within a reasonable timeframe. The road to recovery needs immediate attention and all the support available through the VA and other service providers. Also, post-traumatic stress disorder treatment and follow-up must be done in an expedient manner. We do not know how many lives have been lost or disrupted due to lack of qualified counsellors and lack of outreach and group sessions to those veterans that do not have the means to go to counsellors on a regular basis.

Another issue that is often overlooked is the working homeless. Many veterans within the community have jobs, but the wages received are not enough to maintain the veteran's transportation costs, health and welfare, and monies left to acquire adequate housing.

The inability to get ahead and obtain adequate housing can cause a veteran to be depressed and get an "I can't get ahead" attitude. Due to the economic conditions, the veteran had a hard time saving money to offset the first and last month rent monies needed, which in most cases is a normal requirement.

By retraining the working homeless to a higher skill level can help alleviate this existing problem. Mr. Chairman, in conclusion, we, with the assistance of local and Federal programs, believe that these existing problem areas can be improved on. We from the American Indian community would like to stress our concerns on the continued lack of comprehensive veteran services and specifically those programs for homeless veterans, needed by those who have sacrificed so much and who have received so little.

We constantly see and hear about the services being provided to other entities and, yet, veterans' services are being downgraded at all times. It is now time for our Government to hold their contract not only to the American Indian veteran, but to all veterans who have given so much.

Thank you, Mr. Chairman. [Applause.]

[The prepared statement of Mr. Mann appears on p. 66.]

Mr. SANGMEISTER. Mr. Westphal from The American Legion.

#### STATEMENT OF BOB WESTPHAL

Mr. WESTPHAL. Thank you very much, Mr. Chairman. My name is Bob Westphal. I live in Camino Island, which is 40 miles north of Everett, and we're right next to Stanwood, which is in Snohomish County. Camino Island and Island County. So I'm dealing with two counties here, and I'll explain that in a minute. Stanwood is a very small community of 3,000. There are probably 10,000 in the neighborhood.

A little bit of my background. I sit on the Governor's Advisory Committee for Veterans' Affairs. I'm a National Executive Committeeman, an alternate for The American Legion, which is equivalent to our Board of Directors. I sit on the Island County Veterans' Affairs, handling the claims.

Outside of that, I am also on the Board of Directors of a senior center in Stanwood. The reason I bring that up is we have one of the unique senior centers that we have housing. We took an old high school and put 25 apartments in there. In the apartment, there are three or four veterans and four or five widows of veterans.

Also, for a period of time, I served on Housing Hope Advisory Committee. This is to deal with transitional housing in the Stanwood area. It started in Everett. But mainly, I am a post-service officer and that deals with filing claims with the VA. Some are big ones. I'm a volunteer. If it gets a little too heavy for me, I pass it on to one of the professionals.

Some are very simple. Like I had one last week of a veteran, his son had died, who was also a veteran. He was 80 years old and they couldn't find out when the marker or the headstone for his son's grave was going to be put in. Thanks to the 800 number the VA has now, within 24 hours, they had the answer for him.

What is homeless? Dave mentioned quite a bit here. People in the streets, yes, but I'm looking at also two or three families in one



house. A couple of those should be out of there. Most of them are single-parent families, too. Also, somebody is going to be evicted very shortly.

I've got four cases here that I've handled recently, this year, on this. One is a Vietnam Vet, combat, 101st Airborne Division, got a wife and two kids, living in a bus. By the end of this month, he's got to be out of the bus because they considered that a mobile home in Snohomish County and you can only live a certain amount of days in there. He's getting 30 percent disability from the VA, but he's unemployed because of medical things. So his problem is economy and medical.

The other one is a female veteran, Marine, Vietnam time. She worked for Boeing, was RIF'd last May, a year ago. She got divorced in December, so she's got some problem there, and she also got pregnant. Her problem—basically economy, no job.

Another one I have is a Native American, Alaskan Indian. His problem—he was homeless when I helped him. His main problem is alcohol. He's been through the VA alcohol system, treatment center, six times. I don't know what else we can do for him.

Another one, another veteran, the Navy type, 1982–86. He worked for a refinery, reduction in force, he's out of a job.

What resources we have available outside the VA—Mark mentioned a Veterans' Assistance Fund. In each county, all 39 counties have it and they have a different amount of money in the fund. In Snohomish County, which I deal with quite a bit, we have 210,000 and that's funds for all purposes. Thirty-six percent of the claims went for rent, which would keep people from being homeless. Sixty percent of the money went for rent.

The next thing was for PUD or power, heat. But between the two of them there, you can see that most of the money went for that. We also have post-funds in the post, a limited amount of money which is donated by the veterans. This is less than 2,000 in my post. Another thing The American Legion has at the national level is temporary financial aid. This is in the way of emergency funds for veterans to pay rent, power, clothing, medical, but it's got to have children.

These things are only bandaid, stop-the-bleeding-today thing. It's not the long-range problem. A solution to some of these things—more jobs with good pay, training for the veterans, more training, and mainly the low-cost housing. In Snohomish and in Camino Island, Stanwood area, if you can even find them, \$450 a month is the cheapest and it goes up to 650, and I would call that almost substandard housing.

In Fort Hood, I just read the Army Times the other day, for a three-bedroom apartment, they can get it for \$450. Up there, if you can find it up there, we can't even find it. Within the next year, in Everett, with the Navy base increasing up there, there's going to be 6,000 more service people there, which is going to put a crunch on the housing and it's going to move north out of Everett to Marysville, Arlington, Stanwood, Camino Island. They really can't go south of Everett too much because the rent is so high there already.

The senior center I work with here, we took this old high school, put 25 apartments in it on the top floor, got grant money from var-

ious sources. We're putting another 16 in right now. We have a waiting list of 33. As I mentioned, there are veterans in there.

So maybe some grant money for transitional housing or some cheap thing like that, taking old schools and remodeling them. To get new money is very difficult, but you can get grant money from various—from the Government to remodel things, and from foundations.

I thank you very much. [Applause.]

Mr. SANGMEISTER. Thank you. Mr. Braunsteiner from the VFW.

### STATEMENT OF BROWNIE BRAUNSTEINER

Mr. BRAUNSTEINER. Thank you. Good morning, Congressmen Sangmeister, Kreidler and Evans. My name is Helmut Braunsteiner. I prefer to be called Brownie. I would like to thank you for this opportunity to present my views on the important issue of homelessness among the nation's veterans and their families.

I would like to first tell you a little bit about myself and, in doing so, I think you will get a better appreciation for what I am here today speaking to you as an advocate for veterans.

I served honorably in the United States Army for 27 years and, if you notice, I have less hair than Beau Bergeron, but I also served longer in the Army.

My service includes World War II, Korea and Vietnam, and, following retirement, I continued to serve my community as a volunteer in many capacities. I'm a life member of the five major veterans' organizations and I see some of my State commanders in the audience and they're all going to chastise me for not wearing their hat. Since I only have one head, I only wear nothing.

I have held office in most of these veterans' organizations. I've been a member of the Tacoma-Pierce County Private Industry Council, dating back to the days when it was called the CETA Council. I'm the Chairman of the Pierce County Veterans' Advisory Council, a member of the Hilltop Housing Coalition of Tacoma, the Governor's Job Training Coordinating Council, a 20-year member of the Fort Lewis Army Retiree Council, and the President of Veterans' Independent Enterprises of Washington, VIEW, which is a non-profit organization that jointly, with the Department of Veterans Affairs Medical Center at American Lake, rehabilitates veterans, employs them and provides transitional housing while doing that.

I'm sure Congressman Kreidler is well familiar with the cooperation between the non-profit and the VA. I'm also a board member of the Pacific Northwest Stand-down.

I would be remiss, Congressmen, if I did not say to you that I consider the travesty that so many of our homeless are honorably discharged veterans. This continues to linger and fester as one of the country's most significant veteran problems, and I'm hopeful that today will yield something positive in terms of dealing with this issue.

I would basically, in a very capsulized and concise fashion, like to present the two key issues which I feel contribute to the growing problem of homelessness for veterans. The two issues can and will, with you and your Committee's assistance, help all of us veterans' advocates better identify and provide services and realize some

lasting benefits to those veterans and their families who are homeless today.

First, I continue to be unimpressed with the amount of funding that is lost due to administrative overhead, bureaucratic oversight and just plain skimming. Our Congress, with the best of intentions, appropriates millions of dollars to provide much needed assistance in dealing with homelessness.

I can you from my perspective down here, it just simply does not make it to the streets. [Applause.]

Mr. BRAUNSTEINER. You and your good conscience appropriate a dollar and maybe a dime of that will reach us to actually provide for homeless veterans. This is unconscionable. What I would ask our Federal Government to do is to ensure that services would be provided through entities that have a history of program success. Do not create new programs, but capitalize on those already working.

I'm keenly aware that in this State, for example, our Washington State Department of Veterans Affairs facilitates the provision of services to homeless veterans through the Department of Labor grant of \$25,000 per year. Their program is able to utilize a comprehensive array of services and has a cost per placement of less than \$500.

Given the cost per placement of many other programs, this simply serves to prove my point. Look at what is working, outline measurable, quantifiable standards, and hold the program to those standards. If performance is not maintained, find another provider.

This leads me to my second point. Government simply does not communicate laterally. There are plenty of programs, and I have a feeling also plenty of money. In fact, there are multiple Federal agencies with homeless programs. What I want to ensure is that Housing and Urban Development talks to the Department of Labor, for instance, specifically to the Vets' Program under DOL, which deals only with veterans' employment and training.

They should also talk as well to Health and Human Services. I could go on and on naming Federal agencies that should talk to each other. If we would simply combine our efforts and utilize this cooperative effect, then an exponential increase would be achieved in our ability to provide services.

I'm asking that you demand that Government work, plan and execute program services together. It just ain't happening, Congressmen, and it absolutely must be in this resource-constrained environment.

I will summarize by saying that veterans need our Congress to put more money into programs with a good track record and reputation. We don't need new stuff. We just need to make the stuff we have work better. I appreciate this opportunity to talk to you and feel confident that you will do something about this growing problem of homeless veterans.

Thank you. [Applause.]

[The prepared statement of Mr. Braunsteiner appears on p. 70.]

Mr. SANGMEISTER. Thank you. Mr. Braunsteiner. I think we all agree that we need to pull all the homeless programs together, because it must be frustrating working in the area to try to find out

where to go and find there are several Federal programs with no coordination. I couldn't agree with you more.

I'm a little surprised that you would feel that only one dime out of every dollar for the homeless is ending up on the street.

Mr. BRAUNSTEINER. Yes, sir. I'm probably exaggerating at that.

Mr. SANGMEISTER. Well, I think that's something we need to look into. I will recommend to staff that we get the statistics on that.

Mr. Westphal, the Veterans' Assistance Program exists in every county, right? And you say you had one of those programs for one of the counties.

Mr. WESTPHAL. No. I sit on the board. Each county has got them and it's a property tax and rates from one, eight cents, two-and-a-half cents, something like that, each kind of does their own, how much they want.

Some of the large counties have got lots of money in it. King County has probably got millions, but we only have, in Snohomish, 210,000. Island County has got about 40,000.

Some of the counties can hire a full-time employee. Snohomish got one on board about 2 years now. The one in Island County is a volunteer who lives in Oak Harbor. I sit on the committee to review the claims and most of the claims are rent and PUD or shelter overall.

Mr. SANGMEISTER. You were saying up to 60 percent of that money is going for—

Mr. WESTPHAL. In Island County, it's probably 75 percent. We're right close to the Navy base.

Mr. SANGMEISTER. All right. Do my colleagues have any questions of this panel?

Mr. KREIDLER. I would just like to thank the witnesses for testifying before the committee and certainly empathize with the comments of Mr. Braunsteiner relative to getting the money out there where the real need is and to try to direct it through community-based organizations. I think that's imperative.

I would also say that we had a breakfast meeting, this morning to talk about some of the problems in getting funds for veterans to veterans for housing needs and specifically for the VA home loan program and how it works in relation to other funding vehicles and how we can make that work better for the sake of veterans, both from the standpoint of the VA and from the standpoint of realtors and homebuilders out there in meeting those needs.

I appreciate the comments that were made and, again, thank the gentlemen for coming to testify today.

Mr. WESTPHAL. Sir, one more comment. You talked about the amount of money Congress appropriates or gets through, what gets to the street. The Department on Aging, the seniors, some other facts on that. The Congress does a good job at it. By the time it gets to the senior center on this nutrition program, where they serve meals, they probably get one dime out of a dollar, too. And they don't cover everything. They don't cover garbage bags, coffee, sugar, plates, heat for heating the food.

So between the time the money leaves Congress and gets to the person that needs it, it's gone by the bureaucracy. It's chewed up. And there are so many agencies along the way that take their little

slice. If it applies to the nutrition program, it sure must apply to the homeless program.

Mr. SANGMEISTER. We'll take that into consideration. I would like to thank Congressman Kreidler for inviting the committee to come out here. I think it's important that we go outside of the beltway and hear the things that we've heard today.

It's good to be here in the pacific northwest to see what specific problems you have here. The homeless will probably always be with us and it's something that we need to be cognizant of, particularly for our homeless veterans.

The things that we've heard here today will be taken to heart. We'll take them back and think about legislation that we can use to help correct some of the problems. We also have, with this committee, authority, of course, to go right to the VA and talk to them directly about some of the administration problems that we've heard here today and hopefully for the homeless and for all of us, that will have a better life for some people.

Mr. Kreidler is going to conduct a town meeting. We'll take about a 5-minute break.

If Mr. Evans can stay we will both participate in answering questions.

Thank you all for coming. [Applause.]

[Whereupon, at 11:55 a.m., the subcommittee was adjourned.]



## APPENDIX

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### PREPARED STATEMENT OF BEAU BERGERON

Acknowledge Congressmen and Veterans Advocates.

I am Beau Bergeron the state director of Veterans Affairs for the state of Washington. Thank you for the opportunity to share some of our concerns with you about the homeless veteran population in this state and to describe for you what we at WDVA are doing and what we need to do.

My testimony will have three themes. They are what does the homeless veterans population look like in Washington State—what are some of the programs we have at the same level doing about the problem and what can we collectively do to further remedy this issue.

Let me begin by citing some operative statistics to define the nature of the Homeless veteran population in the state. Some of this information is yielded from very precise studies of a difficult problem and other portions are from our day to day experience with homeless veterans and their families—

- Studies show that 40 percent of the homeless population in the state is comprised of veterans.

- Ninety-seven percent are honorably discharged—many are decorated for valor or distinguished service.

- This percentage of homeless veterans is slightly higher than the national average of about 33 percent and is attributable to the greater density of veterans per 1,000 citizens in the state and the density of military installations coupled with the impact of downsizing.

- At both the national and state level the number of Vietnam veterans in the homeless population is greater than the number of U.S. personnel who died in the war.

- Tragically, we have recently seen a significant increase in the number of Desert Storm veterans in the homeless population—This has been worsened by military downsizing.

- Ninety-eight percent of the homeless veterans in the state are male—a sizeable majority are single but we see an increasing number of families impacted by veterans homelessness and they are difficult to assist because the structure is not geared for families—

- Homeless veterans in the state have a tendency to be older than the non-veteran—they also tend to be better educated.

- Forty percent of the homeless veterans in the state have some type of mental illness and slightly more than half have difficulties with alcohol and substance abuse. The actual combatants among this population have a very high incidence rate of psychiatric disorders—notably Post Traumatic Stress Disorder (PTSD). We also see distressing signs of the resurgence of Tuberculosis and other formerly common diseases which conventional wisdom stated were under control.

- Forty percent of the population is African American or Hispanic. These figures are significantly higher than the percentages represented in the total state population.

What the State is doing—or at least our involvement in the process—Agency serves as a veterans' advocate and a coordinator and facilitator—we run a PTSD program, operate 2 veterans homes and have 13 benefits counseling offices and 22 PTSD counseling entities statewide and 4 separate homeless programs.

HVRP—galvanized by grant from U.S. DOL—kudos to them at state and national level—compassionate and responsive—

- Seattle, Tacoma and Olympia—1-5 corridor—more than 1,500 contacts in 1993—almost 400 job placements for a rate of 37 percent—at cost per placement of \$530—both figures are tops in influence; pass \$\$ to streets (being stovepipe here); capitalize on other programs (VSOs—local programs, etc.)—don't duplicate.

- Could do much more with slight increase—this leverages a huge amount of money and support.

- W-SW WA and SE WA needed help with rural homeless veterans program.

Initiated Rural Homeless program in November of 1993 serves 12 counties in SW and SE WA including the Yakima area.

Estimate population at 5,000 veterans.

Even with start up-program is going well and has placed nearly 50 veterans in continuing employment.

- Stand Down support.

- local VSOs and vet coalitions want to do something about problem in their area.

- we help with coordination, benefits and claims counseling—foodstuffs, blankets, comfort items—ptsd support.

- do direct placement to one of homes—extended or short stay—(explain homes—continuum of care—placement support structure, etc.)

- Have been involved in more than 20 of these in last 2 years—all have been successful and will continue—you'll hear more about that today—

Homelessness among veterans is a national disgrace—it's obscene. From the jungles of Vietnam (my war) and the sands of Saudi Arabia to a doorway and grate is demeaning and absurd in this nation—(New Orleans story—guy next to Cafe DuAmond)—

Big Problem—all need to help in a coordinated fashion—recently held summit.

Two recommendations—

- Got a lot of folks working on pieces of this—give resources and authority to statewide entity to coordinate activity—get synergy and reinforce success—we have a very workable continuum of activity in this state which ties federal, state and local efforts. We need to focus resources and effort here and avoid the expenditure of service resources in areas which do not show long term sustainment and case management ability. Enable, empower and sustain that communication—our agency is honored to serve as a leader in this effort.

- Stovepipe the assets—don't put in complex, multi-layered bureaucracies where a percentage will get ripped off at every level for admin-copiers, laser printers, etc. (can't sleep in and eat that laser printer)—get it directly to agency which is fully committed—hold it to the standard—allow it to coordinate and maximize ongoing programs and capabilities and not duplicate services among service providers—some of whom don't know the others exist—

Thank you for this opportunity to offer these comments (do something blessed—shut up) so my brother veterans can give you the nitty gritty detail on what it means to be homeless and how we should configure ourselves to deal with this challenge. They, like me, feel that if we fight for this nation and retain our cherished freedoms we can and must meet the needs of those warriors to whom we all owe so much—notably those who are without a home.



## Statement of Tony Fair

## THE H.V.R.P. PROJECT WORKS

How can I say that, you may ask? Because it worked for me and many others like myself. How many Programs are in place for Veterans where the Veteran can come back and say these exact words? "If it were not for your help I don't know what I would have done", and they go on to tell you how they are now working and living a better life.

There are others who need assistance in one way or another, at that certain time when they may have no other agencies to turn to. Maybe just this one time help to keep the Veteran in his apartment or gas to get the Veteran to his place of employment. For those reasons alone H.V.R.P. works. As for myself, first hand experience of homelessness and family problems gave me my first contact with an H.V.R.P. outreach worker. I was at first living a normal life with my wife and daughter. We started to have problems when for whatever reason I was with a lady friend one night and not thinking anything being wrong, I went by my house in a car, it was about 3:00 in the morning. She wanted to go and get some drugs and I knew where to go. But my wife was looking out the window at that time and she saw me when I came home it hit the fan. She would not even talk to me. She started going out, so I started going out to get even. Soon our relationship was over. She one day left when I was out with my friends and until this very day has not returned. She took the only thing I really cared for in the world, and that was my daughter. So to get comfort I went into the streets, (not a good move) started drinking, drugging and lost a good job as a child development teacher at St. Joseph's Hospital which I had for four years. Now job gone, family gone, no place to live, because you have no money to pay rent. So now I'm living on the streets in Tacoma, Washington, hill top area. At that time your survival instinct kick in you do whatever it takes to live that day. I started working in dope houses, 24 hours a day. Some sink deep in the dirt out in the streets. The longer you're out there the harder it is to accept the help when it is offered to you. I lived that way for two year. I looked in the mirror one day and said to myself these horrible words, works no one should ever say to themself, because when they do that is one of the first signs that say you need help. I said to myself in the mirror, "I don't like you, I am getting to the point where I can't stand you." As I thought those words to myself, something else came across my mind, something I always told the children at the hospital where I worked, "Always love yourself" (self esteem). At that time knowing I needed help also by seeing the people whom I associated with some of these people have no reason to live. Some of them die right there in the shelter where they were living for years. I could not keep going on like this.

At the shelter where I lived I came in contact one night with the H.V.R.P. outreach worker. He told me to come to

his office in the morning. For some reason he could tell I didn't belong where I was at and I wanted help. The next day I went to his office. He got the information on my veterans hospital status, and got me into American Lake Veterans Hospital for the treatment. After the treatment I came back to Tacoma hill top and one night after a few days being there I came across him again. We talked and he said do you want to be out in these streets again? No, No, No! Tell you what I'll fix you up. The next morning I went to his office and he really jumped dead on me. Here you are just out of treatment and going down the same road again. Do you what that? "No I don't, I was just with a few of my friends." He said, "I bet those are the same people you were with when I first met you, right?" Yes, he was right so this is what he did. "Tony," he said, "I'm going to help you just one more time. You need to leave the area, would you want to start your life over and try and make something of yourself?" Yes, I would. I'm going to send you to a house in Olympia, and I don't want to ever see you here again. So the next day he helped me with my bags. We got into his car and left the shelter. He got me started with the H.V.R.P. program in The Salvation Army. Once there I did not know anyone, but all I needed was a chance to get started. One day the Director of the H.V.R.P. program in The Salvation Army in Olympia needed someone to do a day job. I was the first one to say, "Yes" I want to work. I got good comments back from the employer, this happened again and again. At Christmas time I rang bells for The Salvation Army, still in the H.V.R.P. program. The people in the community were willing to help Veterans who want to become a part of the community. I got my chance to become a part of the community with the help again of H.V.R.P. The Salvation Army needed someone to work part time in their Veterans program. I was asked what my schooling was and would I like to try it. My first job after about 3 years and The Salvation Army asked me if I had the qualifications and I say "Yes". That was around 3 years ago. Now I am the H.V.R.P. outreach worker and The Salvation Army Day Labor coordinator. There are many stories like mine, where Veterans lives are changed for the best once they contact H.V.R.P. Success stories provided.

BRAD ENSLEY  
FORMER HOMELESS VETERAN

U.S. HOUSE OF REPRESENTATIVES  
SUB-COMMITTEE ON HOUSING AND MEMORIAL AFFAIRS

RE: WASHINGTON STATE CONGRESSIONAL HEARING ON HOMELESS VETERANS

"I was born in September 1946 in Spokane Washington and was adopted by my grand parents. I grew up on a farm in Sherwood Oregon. I spent all my formative years there. Except for a summer working on a crab boat in Alaska when I was seventeen. When I was 19 I dropped out of high school and joined the Navy. After going through boot camp in San Diego, I was sent to Mayport Florida and reported aboard the USS Perry (DD844). This was in 1965. We went all over the world. Med. cruises, Caribbean and North Atlantic. In 1968-69 we were detached to duty in Veitnamn. My rating was boatswains mate so my job was taking care of the small boats. Ferrying men and supplies around various ports in country. When our tour was over we headed back to our home port in fla. and I was discharged. When I got home my life changed dramatically. It seems no one understood me. I began traveling around the country working here and there. I was drinking heavily but still managed to support myself. By 1974 I was at the end of my rope so I went back in the service. I was then stationed on Gwam in the USS Proteus (AS19) being a Boatswains mate I was in the boat shop. I had went in as a Resrve so I elected to get out after two years so I came home and went to work for my father on the farm and got married. My dad went out of business and I got divorced after 2 years. I then was able to get a job working at Dammaes State Hospital as a custodian. While I was there I used my Blue Cross and went through the Ralieggh Hills Treatment Center for my alcoholism. I managed to stay sober for four years in which I went to Portland Community College. My grant (GI bill) ran out and I didn't graduate but I got some good schooling while it lasted.

About 1979 or so I started drinking and using drugs again. In 1981 I got my first brush with the law, I got a DUI, but didn't go to jail, they just put me on probation. Once I got in the system I was not to get out for more than 12 years. The more trouble I got into, the more I drank. It just kept getting worse and worse. I was constantly violating my probation by drinking. Once my P.O. violated (found me in violation of probation) me and put me in jail. The judge gave me work release and I promptly took off. I was then charged with a Escape II. I did that not once but twice. Finally in 1983 I was sent to prison.

As soon as I got out I started my cycle of homelessness. I just couldn't get anything going. Nobody would here me cause I always had alcohol on my breath. I was dirty and I stunk from living in shelters and on the street. My P.O. was always looking for me to put me in jail for not reporting. My friends and family had gave up on me.

I was to go to prison 4 more times. I even went to a special prison called P.V.P. Parole Violations Prison, things couldn't have got much worse I just kept on getting into trouble.

In June of 1992 I was arrested for DUI and driving a stolen car. I ended up doing 10 mo's in

Washington and Multnomah Counties when I got out. I was given a real nice P.O. But she said I had to go into an alcohol program or else. Well at that time I was on parole and I had 3 probations. I contacted the V.A. in Vancouver Wash. and they first put me into the Chemical Addiction Residential Treatment Program for 28 days. There I was given a counselor. They helped me start my recovery. I was diagnosed with Vietnam Stress Disorder and got special counseling for it. At the end of the 28 days I went to John Owen Recovery House for 60 days while I was waiting to get into the Domiciliary. The Domiciliary is a 6 mo program that I need because I was homeless and had a drink-drug problem. I went into the Domiciliary in Dec of 93. They really got me on the road to recovery. I needed glasses. They got them for me. My teeth were rotten and abcesed. They pulled them all and gave me false teeth. All the while giving me a clean and sober environment, and treatment for my problems. I enrolled in a custodial training program for ten weeks that Domiciliary and Clark College for 10 weeks.

During the course we trained at Red Lion Hotel. And when I graduated they offered me and another guy a job there. I am presently working there.

Paul Neave with Rural HVRP helped me with work clothes and work shoes. And when a spot at Transitional Housing opened up he gave me a check for my first months rent. I am living and working clean and sober paying my taxes for the first time in 13 years. I never would have got to this point by myself. I worked hard but the VA and state of Washington made it all happen.

And I thank them  
for my life."

Arthur Wright  
Grunt House Ass.  
16112 Sunnyside Ave N.  
Seattle, Wash. 98133

Veteran Affairs House Committee,

The frustration that I have about out reach to the African American Veteran and their community is not about funding sources. The Grunt House is proud of its accomplishments that we have made in outreaching to our community. Often times without government funding we have establish ourselves as a effective source in lobby for the need of African American Veterans. The frustration that I feel as an African American Veterans is based on an historical perspective, that America has always been slow in understanding contribution of the soldiers whose color is black. From the war of 1812 to the American Revolution although black fought galantly, when the consitution was made, not a single drop of black blood was enough to liberated 4 millions black folks out of slavery. Black contibution to the war only produced a slave to be 3/5 of a person. After the civil war, the white northern brother was united with his white southern brother, but the newly emancipated slaves was denied by their government forty acres and a mule. Of the two Great World Wars, African American s helped liberated Europe from facism, had to return to two Americas one black and the other white. The war with Viet-Nam, while middle class American male got draft deveroni Blacks where heavy recruited and drafted to fill the quotas for Viet-Nam. and it was the gulf war, were 28% of the militay campaign was African American. So it is not surprising when Sec. Jesse Brown quoided that of the 250,000 veterans that are homeless, 47% of them are African American. The African American have always have had difficulty is recieving veterans benefits. If the white veteran complained about less, the black veterans received nona. Whereas the soldier is viewed as being a part of a unit, veterans are seen as being a part of communities. Therefore in order to effectly treat the veterans the Veterans Adminstration have to consider the community from which the veterans come from, and let the community be apart of how veterans services are delivered. At this time in the state of

Washington there are only two outreach centers in the African American community one in Seattle and the Tacoma. The funds that were given to the two African American counselors have run out.

To the African American Community Homeless is just not an isolated problem it affects the entire community. So the African American Veterans homeless problem have to be resolved as it relates to the community. The community must be acknowledged as being part of the solution. Homeless programs have to interact with community based organizations serving the needs of the African American Veterans. The question that I'm frequently asked is how to outreach to the African American Veterans, but seldom am I asked to be part of the solution. Programs that try to outreach to African American Veterans without the support of the community based organization, like the Grunt House often leads to failure. There is and still remains a basic fear or apprehension in the African American community concerning good intending programs with white faces coming to do another good deed. Outreach programs whether they be homeless or others, should be set up where black people see black people helping out black people. It is not a problem for me to see on the reservation Native Americans on the reservation working with Native American Veterans. I have no problem when veterans services for women that are serviced by women. AND I see no problem with outreach centers in the African American community that is staffed by African American Veterans. The result is that now there is a partnership with the Department of Veterans Affairs and the Veterans' community. Therefore outreach centers can be a bridge to other veterans services creating better services for the veteran, family, and community.

This can be a positive visual image in our community. Our community is riddled with violence, drugs, gangs, etc. We need every positive image that we can get. Instead of seeing veterans who are fathers, and mothers or aunts or uncles who are homeless. The community can see the Department of Veterans Affairs and organizations like the Grunt House help veterans help themselves. What a positive impact this can be, African Americans seeing their government really caring for those who sacrificed their welfare for this country.

In spite of the difficulty of understanding cultural diversity I believe we have in the Northwest Veterans services have been sympathetic to concerns of minority veterans issues. The African American veterans community have always had the support of the Regional Director Mr. Murphy Seattle VAMC Mr. Mantly, American Lakes Mr. Taylor, Seattle Reajustment Center Dr. Don Johnson, and Washington State Veteran Affairs Mr. Bo Bergeron. There is also a special thanks and gratitude to the Northwest Native American Ass. who have digently supported the plight of the African American Veteran. Becasue of this interest, for the first time there was a Northwest African American Veteran Conference sponsored by those pviously mentioned. There is now a Northwest African American Committee with representatives from each Department of Veteran Affairs offices. There now are African Veteran Coordinators at the Regional and two VAMC offices. The function of the coordinators and committe are to address needs and offer solutions concerning African American Veterans and their community.

What we need from from the Veteran Houses Committee is continuing support (like funds) to continue existing programs. I would also like the members to be inform about the work of the Congressional Black Caucus Veterans' Braintrust, which is a coaliton of African American organizations, which lobby in the Nation's Capital on behave of African American Veterans.

Lastly, the imponance of our society to help the veteran that is homeless, is to again honor the contribution that these brave men and women have given to their country. From the "The Negro's Civil War (How American Negroes felt and Acted During the war for the Union)"

by James M. Mcpherson

"We do not, as the black race, properly appreciate the old veterans, white or black, as we ought to. I know what they went through, especially those black men, for the Confederates had no mercy on them . . . I have seen the terrors of that war. . . I look around now and see the comforts that our younger generation enjoy, and think of the blood that was shed to make these comforts possible for them, and see how little some of them appreciate the old soldiers. . . there are only a few of them left now, so let us all, as the ranks close, take a deeper interest in them. Let the younger generation take an interest also, and remember that it was through the efforts of these veterans that they and we older ones enjoy our liberty to-day. . . "P313

I would like to thank you for this opportunity in expressing by view on the plight of American Veterans.

PAUL D. NEAVE  
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U.S. HOUSE OF REPRESENTATIVES  
 SUB-COMMITTEE ON HOUSING AND MEMORIAL AFFAIRS

RE: WASHINGTON STATE CONGRESSIONAL HEARING ON HOMELESS VETERANS

The Rural Homeless Veterans Reintegration Project is funded by a grant from the U.S. Department of Labor. It is one of six pilot programs nationwide. The primary goal of this project is employment for homeless veterans. However, as the term "reintegration" implies, there is more to it than just finding jobs for homeless veterans. We have taken the term "reintegration" to mean a holistic approach. In other words, we try to meet as many of each veteran's needs as possible. We focus on basic needs that will improve the veteran's ability to secure and maintain employment, sufficient to becoming independent of further assistance. Housing tops the list of needs, with social and medical (including alcohol and other drug treatment) a close second. Transportation, clothing, tools, and haircuts are only a few of the many needs we are able to provide for under this grant.

The first four months of this grant year was devoted to administrative organization and to networking with service providers within our twelve county, 19,970 square mile, service delivery area. This was a time consuming process, but it has paid good dividends, in that we have contacts with providers who have local knowledge of resources saving a great deal of time and money. We focus on accessing local resources first, then using our resources to fill in the gaps in service. Therefore, our clients tend to get their needs met and find employment quickly.

We have begun to see a pattern of movement of homeless veterans from rural to urban areas. In talking to homeless vets and service providers it has become clear that they come for services that are not available in rural areas. This puts an increasing burden on cities and counties in urban areas to provide services.

There is also increased risk to health and safety for rural veterans when they are forced into urban areas for services. We are providing preventive services by taking service to where the homeless veteran is more familiar with his or her surroundings. We can assist veterans to relocate when employment or services are not available in the local area. We believe this preventive approach will save many dollars for social programs.

It is our hope and intention to expand this Rural Homeless Veterans Reintegration Project to include statewide service. At this time we have enrolled 59 veterans. We had our first job placement in February. Since then, 35 homeless veterans have been placed in employment of twenty hours a week or more. Of those 35, 20 have held jobs more than four weeks and 10 have



held jobs for more than 13 weeks. These rates are more than twice the retention of urban HVRPs. We have placed 32 homeless veterans in various forms of temporary housing. Thirteen have gone on to independent housing. This gives the Rural Homeless Veterans Reintegration Project a 55% placement into employment vs. 40% urban HVRP. About 30% of those employed have already moved on to independent housing. The rest are in kitchenette motel units that we provide, or in various V.A. and private housing programs.

We have found the kitchenette motel unit to be a cost, and management, effective means of providing temporary housing of two weeks to two months. We don't have to deal with property management and deposits. We also gain some supervisory control through motel managers whom we have found willing to keep an eye out for behavior that is counterproductive, such as drinking and using other drugs.

We have learned a good deal about the needs of homeless veterans in this process, some that we are unable to fully provide at this time. We have found that most homeless veterans need major dental care. This care is not readily available in private or V.A. systems. For many who need dental care it is a major barrier to employment, both from a health standpoint and from appearance. I have seen homeless veterans with as many as fourteen abscessed teeth at once. The pain alone, much less the drain on energy and self esteem, could keep them from being able to work a job.

We have recognized the need for counseling on a long term basis. Many homeless veterans have developed habits and behaviors, on the street or in the camps, which do not fit well in society. These habits and behaviors take time and help to change, therefore, we feel that to provide counseling would improve the placement rate, as well as, retention of jobs.

In closing, I would like to add that before you stands a reintegrated rural homeless veteran. Seven and a half years ago I was homeless and had been for three years. Through a long and arduous process of counseling and alcohol and drug treatment, I managed to get into school and gain a bachelor's degree in Human Services. This is obviously the short version of an eleven-year story. The point I wish to make clear is that it takes a long time to become homeless. It takes a long time of being homeless to seek help, and it takes a long time for that help to work. There are no short term solutions to these problems and we cannot give up on our homeless veterans.



### **Problem Statement/Legal Requirement:**

Nationally, homeless veterans account for approximately 30% - 40% of the homeless population. In the greater Seattle/Tacoma area this translates into 4,000 - 5,000 homeless veterans and their dependents who are without a place to live. Veterans are faced with many significant problems that can contribute to, or prolong homelessness. Some of these problems include: Post Traumatic Stress Disorder (PTSD), drug and/or alcohol abuse, and higher than average unemployment, divorce, and suicide rates. Additionally, many homeless veterans feel alienated from society because of public opinion regarding the Vietnam War and perceived stereotypical attitudes about Vietnam War veterans and military activities in the war. Veterans have attempted to use social services to solve their problems, but their needs have not been met. System insensitivity, cutbacks in services, and increasing demands for services contribute directly to the frustrations veterans have with the service delivery system. Often that frustration eventually leads to a complete dissociation from all service providers.

The problems that come with being homeless, combined with the difficulty in obtaining needed services, present a significant obstacle for the homeless veteran and his or her family.

While placing anyone into stereotypical categories is dehumanizing, for the sake of brevity, certain classifications are commonly recognized by the public.

**Bush Veteran:** The veterans who typically lives by himself, herself or with the family in a closed environment, reluctant to allow outsiders in, distrustful of anyone who tries to help or even offers help.

This veteran is probably the most difficult to deal with. Many psychological disorders cannot be dealt with until the patient is ready to deal with them. When the disorder itself prevents the patient from ever becoming ready, the task is almost an impossibility. However, there are methods available and trained professionals who know how to use those methods that can break down some of these

barriers.

Substance Abusers: There are veterans, including homeless veterans who have severe substance abuse problems. This does not mean that all homeless veterans are alcoholics or abuse drugs. The "key to success" with substance abusers, be they veterans or not, is not to get them into a program. Most veterans who have a history of substance abuse know the "Buzz" words. They know what the therapist wants to hear. Again, the key to success is treatment on a personal basis, the self-actualization of the relationship between the veteran and the substance.

Working Homeless: Over the last five years, the largest increase of assistance provided by my agency has been to the "working poor". Those veterans, many of them homeless, who are working but, because of inadequate wages, must make the decision: *"Do I feed my family or pay the rent?"*

This is the area where the greatest impact is being felt. Not only in the homeless veterans community, but throughout the population. As the military and industry completes "down-sizing" tens thousands of men and women find themselves with unmarketable skills and little opportunity to develop ones that may be marketable.

SUMMARY: Are there homeless veterans who have drug and alcohol problems? You bet! Does this make all homeless veterans alcoholics or drug addicts? Not on your life!

Perhaps the greatest lesson we have learned in the last few years is that no one can live through a war (or any other major emotional event) and come out unaffected. No one! If you are not traumatized by the psychological and physical demands placed on you, you are effected by the way others react to those demands.

For many, veterans included, homelessness is also an emotional scar or even an open wound that has to be diagnosed and treated before the individual can become whole again. How do we treat these homeless? That's part of what we're here to decide.

STATEMENT OF  
LARRY N. HOWELL, MN, RN, CHIEF  
DOMICILIARY CARE PROGRAM  
PORTLAND VETERANS AFFAIRS MEDICAL CENTER  
BEFORE  
CONGRESSMAN SANGMEISTER'S FIELD HEARING ON  
EXISTING DVA HOMELESS PROGRAMS

July 9, 1994

Good morning. It is my pleasure to be here today and to have this opportunity to speak about the Department of Veteran Affairs Medical Center's Program for Supported Housing. All experts agree that transition from homelessness requires a safe place to live. As our economy has changed, low income housing steadily disappears from the market, thus making it very difficult for low income and/or homeless individuals to compete for rentals.

It was clear to social service providers in our community that some form of supported housing was essential in order to transition homeless veterans through programs such as the Domiciliary and into the community. Supported housing, by definition, means case managed housing. This also is an key component of supported housing in our community. Without case management, many individuals may not continue on their own to progress to independent functional living. Substance abuse is high in this population, (approximately 80-90%). The continuum of care usually begins with detoxification, followed by inpatient substance abuse treatment, the Domiciliary Care Program, and then Supported Housing in the community. Our most successful veterans have had a total of 38 months with all the above programs. We believe an individual needs this much structured time in order to deal with the behaviors that contributed to homelessness. During this time the issues that are typically addressed are social relationships, procuring employment or a pension track, learning to manage financial resources, and reestablishing family ties.

When the Clark County Coalition for the Homeless, an organization of community social service providers, was reformed in 1988, the Domiciliary was asked to be a part of that community committee. After six months of team building exercises, our number one goal was development of transitional housing for families and singles. The Vancouver Housing Authority agreed to provide five HUD Section 8 certificates to develop a program in late 1989. "On Our Way" opened in March, 1990 with five families selected from local shelters. I became a member of that transitional housing case management committee. In early 1991 seven more certificates were offered to the committee. At that time I proposed that the Domiciliary Care Program have four certificates in order to open our Transitional Housing Program. We opened our first home with four veterans in March, 1991. The program has now grown to five homes with 23 veterans and we have recently been offered another certificate and are currently looking for a four/five bedroom home. This program was managed by myself and another Domiciliary staff member until we were funded by VACO for Supported Housing Staff in July, 1993.

We have forged linkage with the Housing Authority of Portland in order to develop supported housing similar to our current program. The expectation is that we will begin with a five-person unit. I am part of a task force which includes the Executive Director and Senior Planner of the Vancouver Housing Authority. Our goal will be to develop a multi-agency, Single Room Occupancy (SRO) unit in Vancouver. This will serve not only veterans, but other homeless individuals needing permanent single room housing.

We have developed a working relationship with the Washington State Department of Veteran Affairs, and in particular their Rural Homeless Veteran Reintegration Project (RHVRP). We are currently negotiating the leasing of a home to provide a place for veterans waiting to enter the Domiciliary Care Program or the Chemical Addiction Rehabilitation Section (CARS) program.

Clearly, development of community relationships by DVA staff is essential to the treatment of homeless veterans. Our goal is to support the veteran through the change in behaviors critical to achieve recovery, employment/pensions, and housing. After all, veterans are members of their community too, and need to be accepted within a community to be productive citizens.

I am proud of our involvement in the community by Domiciliary staff and myself. Without this commitment and participation in community activities, the opportunity to develop our housing program would not have happened.

We were funded for Compensated Work Therapy program (Veterans Industries), January, 1994. The newly hired coordinator arrived June 6th and is currently developing our program. A part of Veterans Industries is Supported Housing, and we will hopefully be able to expand housing availability through this new initiative. My colleague, Mr. O'Malley, Assistant Director, National Resource Center on Vocational Rehabilitation, is an expert on Compensated Work Therapy programs and I will defer to him for further details.

I would be pleased to respond to any questions you may have.

District Hearing for House VA Sub-Committee  
for Housing and Memorial Affairs  
George E. Sangmeister, Chairman

6/17/94  
Michael J. O'Malley, MS, CRC

July 9, 1994

Panel 4 - 10:20 a.m. - 10:25 a.m.

Clover Park High School, 11203 Gravelly Lake Dr., SW, Tacoma, Washington 98499.

Good Morning -

I will be speaking to you about the continuum of care provided to homeless veterans by the VA's Compensated Work Therapy (CWT) and Therapeutic Residences (TR) programs. Our CWT Program currently provides work for over 60 veterans and transitional housing for 45 homeless veterans in 10 houses around the greater Tacoma area.

The primary focus of our CWT/TR program is on homeless veterans who have substance abuse disorders. It has been strongly supported over the past four years by VA substance abuse expansion resources and functions as an integral component of the continuum of care for veterans with substance abuse disorders here at American Lake VA Medical Center. National data collected by the VA's Northeast Program Evaluation Center (NEPEC) and taken from Domiciliary Care for Homeless Veteran (DCHV) and Health Care for Homeless Veteran (HCHV) programs indicates that over 80% of the homeless veterans evaluated by these programs have substance abuse problems.

The VA's Compensated Work Therapy Program is a rehabilitation program that prepares disabled and homeless veterans to return to private sector employment through a program of work and therapy. Compensated Work Therapy provides work to these homeless veterans by contracting with private businesses and governments to perform work. The veterans in the CWT Program are paid from the proceeds obtained from these businesses.

The therapeutic residences are homes in regular neighborhoods. Veterans pay rent from their CWT compensation to cover the operating costs of the houses. Homeless veterans are required to work in a CWT position while living in the TR. They buy their own food and cover other expenses from their CWT pay. This is a uniquely cost effective program because the homeless veterans work in CWT and pay rent to support themselves and their houses.

The fact that this program allows homeless veterans to work and support themselves while undergoing rehabilitation is not only cost effective, it is very therapeutic. Homeless veterans regain their self esteem when they know they are working and supporting themselves, rather than being totally dependent. Veterans tell us they feel successful because they are "earning their keep" and they are learning how to work and be sober in a realistic, community setting.

The length of stay is dependent on an individual rehabilitation plan directed toward obtaining permanent employment, permanent housing, and staying free of alcohol and drugs. Generally, the stay is a minimum of 6 months. Our average length of stay is a little over 7 months. Veterans in the TR Program are required to participate in relapse prevention groups and outside support groups such as Alcoholics Anonymous.

Success in the American Lake VA Medical Center's Compensated Work Therapy/Therapeutic Residence Program is measured by continuous sobriety and gainful employment at discharge, 90-days and at 1 year follow-up. We are demonstrating that 64% of the homeless veterans completing our CWT/TR program stay employed, housed, and alcohol/drug free for one year following the program. Nationally, the evaluators at NEPEC find that veterans who are treated in CWT/TR programs are substantially improved on all outcome measures. Those of us involved in the treatment of chronic substance abuse and homelessness are encouraged by the success rate of sobriety and employment as a result of the compensated work therapy and therapeutic residence programs.

We believe that simply providing transitional housing and access to jobs will not break the cycle of homelessness. The veterans we treat can get jobs. They have difficulty holding them and many times end up back at the emergency room requesting hospitalization for an acute medical or psychological crisis following a relapse. The key is to provide access to acute treatment and rehabilitation followed by a community based environment where veterans can practice recovery skills.

The CWT/TR program is a uniquely cost effective work oriented treatment program for homeless veterans. We are hopeful that because of the success of this program, Congress will make permanent the CWT/TR demonstration program. The current cap of 50 TR houses nationwide is inadequate to meet the needs of homeless veterans for this program. Since these houses would be purchased from the general post fund and maintained by rents paid by the veterans there would be little cost to the taxpayer for such an expansion.

Thank you for the opportunity to speak with you.

MIKE KREIDLER

## CONGRESS OF THE UNITED STATES

## Veterans Affairs Subcommittee on Housing and Memorial Affairs

Mr. Chairman: The concerns of Homeless Veterans in the rural communities of Washington State have long been overlooked. The lack of employment, inadequate housing or no housing, drug/alcohol abuse, affects of war trauma, lack of family or group support, all have a great effect on the homeless veteran. But more than anything else it is the lack of comprehensive services which will end the cycle.

Each of us has our own definition of HOMELESS. We, who reside in the rural communities, believe that any individual who does not have their own shelter is homeless. Those that stay with other family members or friends are, HOMELESS.

The paramount issue is, of course, the inability to obtain gainful employment that will provide enough funds to maintain a household. The Lack of available training or education to do a particular job can be overcome by vocational rehabilitation. Training a veteran for employment that is consistent with the jobs available to his/her area is very important. Very few of the rural veterans could or would even consider relocating to another area. In the Indian community, family ties are very important and breaking those ties is very difficult. Retraining the American Indian Veteran for jobs that are suitable to his/her area should be consistent with tradition and practice in the American Indian community.



When we address the needs for programs we must discuss the effects of War Trauma for those combat veterans. War trauma can cause the veteran to become disillusioned and in many cases the individual reverts to drug/alcohol abuse. This continuing problem is partly due to the lack of successful treatment programs for dual disorder, specifically targeted at the American Indian Veteran; with the availability of follow-up treatment.

The treatment program in current use has been to treat the veteran and then return him/her to the same environment that they have just left. We must look at successful treatment programs to include transitional housing, domiciliaries, or adequate housing in the community which is available upon the veterans return from an inpatient treatment facility. This in turn will help assure that the veterans have a chance of returning to society as an asset to themselves and to their community.

In programming we must also discuss the treatment of the veterans families, or concerned persons as this is also a concern that has long been ignored in programs to address homeless needs. We must treat the families and concerned persons who will certainly affect the veterans successful rehabilitation. Families, offspring or other concerned persons, are not a high priority issue within our existing system. We in the American Indian Veteran community believe that in order for the veteran to be a success, the families cannot and should not be overlooked in the treatment and rehabilitation process. Those of us who are providers must remember at all times that transgenerational effects of war are a major concern which must be addressed by culturally sensitive effective treatment.

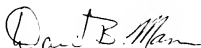
For the homeless PTSD-Drug/Alcohol emergency treatment within our catchment area is little or non-existent. Veterans must have access to emergency treatment and follow-up service. Once a veteran desires treatment, we should make that treatment readily available. DETOX should also be available within a reasonable time frame. The road to recovery needs immediate attention and all the support available through the VA and other service providers

Also Post Traumatic Stress Disorder treatment and follow-up must be done in an expedient manner. We do not know how many lives have been lost or disrupted due to lack of qualified counselors and the lack of funds to do outreach and group sessions to those veterans that do not have the means to go to counselors on a regular basis.

Another issue that is often overlooked is the working homeless. Many veterans within the community have jobs, but the wages received are not enough to maintain the veterans transportation costs, health and welfare, and enough funds left to acquire adequate housing. The inability to get ahead and obtain adequate housing can cause the veteran to be depressed and get an "I can't get ahead" attitude. Due to the economic conditions, the veteran has a hard time saving enough money to offset the first and last month rent monies needed, which, in most cases, is a normal requirement.

Mr. Chairman; In conclusion, we, with the assistance of local and federal programs, believe that these existing problem areas can be improved on. We, from the American Indian Veteran community, would like to stress our concerns on the continuing lack of comprehensive veterans services, and specifically those programs for homeless veterans,

needed by those who have sacrificed so much and have been provided with so little. We constantly see and hear about services being provided to other entities and yet veterans services are being downgraded at all times. It is now time for our government to uphold their contract not only to the American Indian Veteran, but to all veterans who have given so much. Thank You Mr. Chairman.

A handwritten signature in black ink, appearing to read "David B. Mann". The signature is fluid and cursive, with the first name "David" and last name "Mann" being more legible than the middle initial "B".

David B. Mann  
President, Washington State Council  
Vietnam Veterans of America, Inc.

Program Administrator  
Veterans Affairs Office, Yakama Indian Nation



Statement to:  
The Honorable George E. Sangmeister  
and  
the Honorable Mike Kreidler  
Members of the Committee on Veterans Affairs  
U.S. House of Representatives  
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July 9, 1994

Good Morning Congressman Sangmeister and Congressman Kreidler. My name is Helmut Braunsteiner, I prefer to be called "Brownie". I would like to thank you for this opportunity to present my views on the important issue of homelessness among this nation's veterans and their families.

I would like to first tell you a little bit about myself and in doing so, I think you will get a better appreciation for why I am here today, speaking to you as an advocate for veterans.

I served honorably in the United States Army for 27 years during World War II, Korea and Vietnam and following retirement continue to serve my community as a volunteer in many capacities. I am a life member of the five major veterans organizations, holding office in most. I have been a member of the Tacoma/Pierce County Private Industry Council dating back to the days it was called the CETA Council. I am the Chairman of the Pierce County Veterans Advisory Council, a member of the Hilltop Housing Coalition of Tacoma, the Governor's Job Training Coordinating Council and the president of Veterans Independent Enterprises of Washington (VIEW), a Non-Profit organization that jointly with the Department of Veterans Affairs rehabilitates veterans, employs them and provides transitional housing for them.

I would be remiss Congressmen, if I did not say to you that I consider it a travesty that so many of our homeless are honorably discharged veterans. This continues to linger and fester as one of this country's most significant veteran problems. I am hopeful that today will yield something positive in terms of dealing with this issue.

I would basically, in a very capsulized and concise fashion, like to present the two key issues which I feel contribute to the growing problem of homelessness for veterans. The two issues can, and will, with your and your committee's assistance, help all of us as veterans advocates, better identify, provide services, and realize some lasting benefits to those veterans and their families who are homeless today.

First, I continue to be unimpressed with the the amount of funding that is lost due to administrative overhead, bureaucratic oversight, and just plain "skimming". Our Congress, with the best of intentions, appropriates millions of dollars to provide much needed assistance in dealing with homelessness. I can tell you from my perspective down here, it just simply does not make it to the streets. You appropriate a dollar and maybe a dime of that will reach us to actually provide for homeless veterans. This is unconscionable. What I would ask of Federal Government to do is to ensure that services would be provided through entities that have a history of program success. Do not create new programs, but capitalize on those already working.

I am keenly aware that in this State for example, our Washington State Department of Veterans Affairs facilitates the provision of services to homeless veterans through a Department of Labor grant of \$25,000 per year. Their program is able to utilize a comprehensive array of services and has a cost per placement of less than \$500.00. Given the cost per placement of many other programs, this simply serves to prove my point. Look at what is working, outline measurable, quantifiable standards, and hold the program to those standards. If performance is not maintained, find another provider.

This leads me to my second point. Government simply does not communicate laterally. There are plenty of programs, and I have a feeling, also plenty of money. In Fact there are multiple Federal agencies with homeless programs. What I want to ensure is that Housing and Urban Development talks to Department of Labor, and that the Department of Labor talks to Employment Security and Veterans Affairs as well as Health and Human Services. I could go on and on naming Federal Agencies that should talk to each other. If we could simply combine our efforts and utilize this cooperative effect, then an exponential increase would be achieved in our ability to provide services. I am asking that you demand that Government work, plan and execute program services together. It just ain't happening congressmen, and it absolutely must be in this resource constrained environment.

I will summarize by saying that veterans need our Congress to put money into programs with a good track record and reputation. We don't need new stuff, we just need to make the stuff we have work better. I appreciate this opportunity to talk to you and feel confident that you will do something about this growing problem of homeless veterans.



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